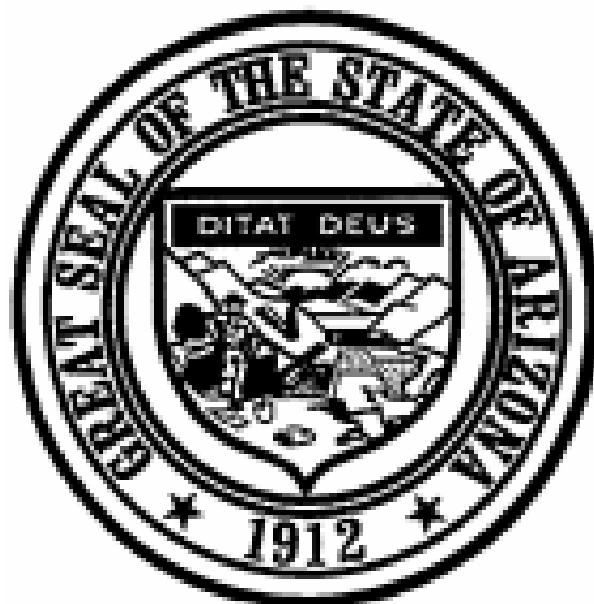


STATE OF ARIZONA

**Department of Economic Security
Division of Children, Youth and Families**



CHILD AND FAMILY SERVICES PLAN ANNUAL PROGRESS REPORT 2006

Submitted to:

**U.S. Department of Health and Human Services
Administration for Children and Families**

June 2006

STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILDREN, YOUTH AND FAMILIES
CHILD AND FAMILY SERVICES PLAN – ANNUAL PROGRESS REPORT 2006

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Section I

Description of State Agency

ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION

In July, 1972, the Arizona State Legislature established the Department of Economic Security (the Department) by combining the Employment Security Commission, the State Department of Public Welfare, the Division of Vocational Rehabilitation, the State Office of Economic Opportunity, the Apprenticeship Council, and the State Office of Manpower Planning. In 1974, the State Department of Mental Retardation joined the Department of Economic Security. The purpose in creating the Department was to provide an integration of direct services to people in such a way as to reduce duplication of administrative efforts, services, and expenditures.

The Department is divided into nine divisions. These divisions are:

- Division of Business and Finance
- Division of Technology Services
- Division of Employee Services and Support
- Division of Developmental Disabilities
- Division of Children, Youth and Families
- Division of Child Support Enforcement
- Division of Benefits and Medical Eligibility
- Division of Aging and Community Services
- Division of Employment and Rehabilitation Services

The Division of Children, Youth and Families (DCYF) provides services to children and families, which include child protective services, family support and preservation services, foster care and kinship care services, adoption promotion and support services, child welfare services, and health care services.

The Division serves as the state administered child welfare services agency, and is divided into four administrations:

- Administration for Children, Youth and Families (ACYF)
- Finance and Business Operations Administration (FBOA)
- Comprehensive Medical and Dental Program (CMDP)
- Program Services Administration

Arizona's fifteen counties are divided into six regions, which are referred to as districts. District I (Phoenix and surrounding cities) and District II (Tucson) are the urban districts, while Districts III through VI are the rural districts.

The following chart provides the counties within each district.

Dist I	Dist II	Dist III	Dist IV	Dist V	Dist VI
Maricopa	Pima	Coconino Apache Navajo Yavapai	Yuma Mohave La Paz	Gila Pinal	Cochise Graham Greenlee Santa Cruz

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Section I: Description of State Agency

District Operations

Each district provides:

- investigation of child protective services (CPS) reports
- case management
- in-home services
- out-of-home services
- contracted support services
- permanency planning
- foster home recruitment and training
- adoptive home recruitment and certification

The ***Statewide Child Abuse Hotline*** is centralized for the receiving and screening of incoming communications regarding alleged child abuse and neglect. Incoming communications are centrally screened to determine if the communication meets the definition and criteria of a CPS report. Report information is triaged to determine risk of harm to the child, and to establish a response timeframe. Reports are investigated by Child Protective Services Specialists or referred to other jurisdictions (such as tribal jurisdictions) for action.

Central Office functions for the Division and the Administration include:

- policy and program development
- the promoting safe and stable families program
- finance, budget, and payment operations
- statistical analysis
- field support
- Interstate Compact on Placement of Children
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs
- new initiatives and statewide programs
- contracting and procurement
- continuous quality improvement
- management information system/automation

Section II

Vision and Mission

Arizona Department of Economic Security

Vision

Every child, adult, and family in the State of Arizona will be safe and economically secure.

Mission

The Arizona Department of Economic Security promotes the safety, well-being, and self-sufficiency of children, adults, and families.

Guiding Principles

System of care must:

- * be customer and family-driven
- * be effectively integrated
- * protect the rights of families and individuals
- * allow smooth transitions between programs
- * build community capacity to serve families and individuals
- * emphasize prevention and early intervention
- * respect customers, partners, and fellow employees

Services must:

- * be evaluated for outcomes
- * be coordinated across systems
- * be personalized to meet the needs of families and individuals
- * be accessible, accountable, and comprehensive
- * be culturally and linguistically appropriate and respectful
- * be strength-based and delivered in the least intrusive manner

Leaders must:

- * value our employees
- * lead by example
- * partner with communities
- * be inclusive in decision making
- * ensure staff are trained and supported to do their jobs

CRITERIA FOR BUDGET DECISIONS

- Decisions should consider how they affect the safety, permanency and well being of the children and families that we serve.
- Cuts by one agency should consider how they affect other agencies.
- Look for win/win strategies.
- Consider how investments or reductions will effect specific populations.
- Always keep issues of racial and social justice in mind.
- Short-term gain should not result in long-term crisis.
- Look for internal efficiencies.
- Look for cross systems approaches that may include investing more in one system that allows for savings in another.
- Concentrate primarily on balancing the budget through improved outcomes.
- Determine what every partner can and must do to accomplish the outcomes.
- Blend funding and resources when it is more effective.
- Bring everyone into the decision making process. Do not try to do it alone. Share the workload as well.
- Include accurate measurements of progress. Share authority, responsibility, work, successes, and challenges. Celebrate success and hold ourselves and each other accountable for accomplishing our objectives.

Section III

Introduction and Overview

Safety

Permanency

Child and Family Well-Being

Systemic Factors

Objectives and Activities for 2007

INTRODUCTION AND OVERVIEW

Section III of this Annual Progress Report is divided into five Parts: Safety, Permanency, Child and Family Well-Being, Systemic Factors, and Objectives and Activities for SFY 2007. Parts 1 through 4 describe the State's child and family service continuum; list the State's outcomes, goals, and measures of progress; and provide a description and analysis of accomplishments and progress in SFY 2006. The services or programs within each area are categorized as follows:

- *Safety*: Child abuse and neglect prevention, intervention, and treatment services; including family preservation and family support
- *Permanency*: Services to support reunification, adoption, kinship care, independent living, or other permanent living arrangements; including time-limited reunification services, and adoption promotion and support services
- *Child and Family Well-Being*: Case planning and case management services, including case manager contact with parents and children and services to address children's educational, physical health, and mental health needs
- *Systemic Factors*: Statewide information system capacity, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to community, and foster and adoptive home licensing, recruitment, and retention

Part 5 provides the State's single integrated plan for improving achievement of safety, permanency, well-being, and systemic outcomes and goals in SFY 2007; including the State's objectives, major activities, and plan for technical assistance in fiscal year 2007.

Definition of Terms

Section III provides Arizona's outcomes, goals, and measures of progress for improving safety, permanency, child and family well-being, and systemic areas. In addition, Part 5 provides a list of the State's objectives and benchmarks for SFY 2007. Terms are defined as follows:

- *Goal*: A measurable performance indicator describing a result that will improve safety, permanency, or well-being outcomes, or achieve a more comprehensive, coordinated, and effective service delivery system, such as: Increase the percentage of children exiting to reunification who do so within 12 months of placement in out-of-home care
- *Objective*: A strategy to achieve a goal, for example: Increase the array of available in-home services.
- *Benchmark*: A process or numerical milestone to assess if progress is being made toward implementing an objective, for example: By July 1, 2006, convene a work group to define an implementation plan for developing intensive family reunification services (process); or Increase the number of faith-based organizations, businesses, and other community and local organization participating in the delivery of services to children and families (numerical)

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Consultation Process for Goal and Objective Development

The State's Child and Family Services State Planning process, including annual progress reporting and all phases of the Child and Family Services Review, are fully integrated into the State's quality improvement system. The outcomes, goals, objectives, and benchmarks in this Annual Progress Report include those evaluated during the Child and Family Services Review and others identified by the Division in consultation with staff and external stakeholders. External and internal evaluations, committee reports, and other documents were reviewed to identify progress made in the past year, continuing needs, and the objectives and activities for next year. Many of the objectives and activities for next year were developed within program specific committees and workgroups of staff and stakeholders, and/or will be implemented by these groups. The majority of data analysis occurring throughout the year also relates to achievement of the outcomes and goals in the CFS State Plan and Annual Progress Report. In turn, the results of this data evaluation serve as the foundation for further consultation with staff and stakeholders. Therefore, the Division's consultations throughout the year serve as consultation for the State's Child and Family Services Annual Progress Reports.

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs throughout the year at both the central office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. The Governor's Oversight Committee for CPS Reform continues to meet throughout the year, is presented information about Division activities, and has provided input into a range of Division activities and project specific action plans. This Oversight Committee provides an executive level steering function, while committees and workgroups provide stakeholders a forum for input on particular projects and program areas. Examples of inter-agency organizations, committees, and consultation activities during SFY 2006 are listed in Part 3, Section A, sub-section 7: *Agency responsiveness to Community; Consultation and Coordination with External Stakeholders*.

Measurement Methods

Progress toward most of the State's safety, permanency, and well-being goals will continue to be measured using NCANDS and AFCARS national standard data, and the State's Practice Improvement Case Review. NCANDS and AFCARS data, particularly data used to calculate the State's performance on the CFSR national standards, is continually reviewed and analyzed to ensure validity and reliability. Data quality functions are built into the CHILDS automated system. Error reports on key data, including AFCARS data, are routinely sent to the field for review and data correction.

PART 1: SAFETY

A. Program or Service Description

1. Child Abuse And Neglect Prevention Services

Healthy Families Arizona

The Healthy Families Arizona program is a community-based, multi-disciplinary program serving pregnant women and families of newborns. The program is designed to reduce stress, enhance family functioning, support positive parent/child interaction, promote child development & health, and minimize the incidence of abuse and neglect. This voluntary home visitation program provides a Family Support Specialist (FSS) who assists the family to obtain concrete services and provides emotional support; informal counseling; role modeling; effective life coping skills; bonding; education on child development and school readiness activities; developmental assessments to identify developmental delays, physical handicaps, or behavioral health needs; and referrals when needed.

The program provides education on the importance of preventive health care, assistance and encouragement to access comprehensive private and public preschool and other school readiness programs, assistance in applying for private and public financial assistance and employment services, and assistance to improve parent-child interaction, develop healthy relationships, and access prenatal care. The FSS works closely with the child's medical provider in monitoring the child's health. Families may be visited anywhere from weekly to quarterly, according to the family's level of need. The program's statutory authority was expanded in SFY 2004 to permit the program to serve women and their families prior to their child's birth, and to serve people who have a substantiated report of abuse or neglect. Program services are available until the child reaches age five.

The contracts that began in January 2004 were renewed in January 2006. These contracts are renewable for up to two more years. The original contracts included expansion plans based on demographics and risk factors. The expansion plans were activated in SFY 2004, increasing the number of program sites from 23 to 51. The program now serves over 100 communities throughout Arizona, including all of the Division's six administrative districts.

In SFY 2005 the Healthy Families Arizona Program funding level allowed the program to serve 3,564 families, which is an increase from the 2,301 families served in SFY 2004. In SFY 2005 the Program served 5.3% of eligible new births. The program budget for SFY 2006 is approximately \$17.9 million. With this funding, an estimated 4,631 families and 16.6% of eligible new births can be served. Additional funding for SFY 2007 has been requested from the legislature to further expand the Healthy Families Arizona home visitation program.

Evaluations of the Healthy Families program continue to document its effectiveness. The 2005 program evaluation includes the following findings regarding program participants:

- No substantiated incidents of child abuse and neglect in 98.2% of the families.
- At a two month assessment, almost all families practice many of the recommended child safety practices: 93.2% keep poisons locked, 97% use child car seats, and 87% have smoke alarms in their homes.

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Section III, Part 1: Safety

- By two months of age 92.7% of infants are immunized, and at 12 months 92.1% are immunized, compared to 77% for all two-year-olds in Arizona.
- Within twelve months from the infant's birth, 97% are linked to a medical provider.
- Significant improvement was found in the areas of parenting competence, problem solving abilities, depression, and ability to mobilize resources in mothers in the program.

In addition, Healthy Families successfully targets families at intake that are likely to benefit from the program: 28% are teen mothers, 69.3% are single parents, 62.5% have less than a high school education, 34.4% have received late or no prenatal care, 83.7% are not employed, and the median annual income is \$9,600 (compared to \$42,590 across the Arizona population in 2003).

Child Abuse Prevention Fund

The Child Abuse Prevention Fund promotes child abuse prevention and provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program, the Regional Child Abuse Prevention Councils, and the Child Abuse Prevention Conference. The annual conference provides information on the entire prevention and intervention continuum, from public awareness campaigns to prosecuting crimes against children. In January 2006, the Statewide Regional Child Abuse Prevention Councils developed a prevention plan that emphasizes five main areas: parenting support, economic security, health care, child care, and schools. The AZ CAN! Plan was released in March of 2006 and is being distributed across Arizona. For more information on these services and initiatives, and the Child Abuse Prevention Fund's accomplishments in FY 2006, please see the *Child Abuse and Prevention Treatment Act (CAPTA) Annual Progress Report* in Section VII of this document.

Arizona Promoting Safe and Stable Families/Family Support and Family Preservation

Arizona Promoting Safe and Stable Families (APSSF) programs provide culturally competent community-based family support and preservation services to improve the safety and well-being of families, enhance family functioning, foster a sense of self-reliance, reduce risk factors, and stabilize families. Families access these voluntary programs directly or by referral. Most programs have few restrictions or qualifications in order to receive services, and there are no income eligibility criteria. Contingent upon the needs of the family and the community's resources, services are available to any family with a child requiring services – including biological, kinship, foster, adoptive, and non-English speaking families.

A broad array of free services are offered including, but not limited to: case management, housing support, assistance in securing child care, early intervention, food and nutrition, mentoring, parenting skills training, peer self-help, supportive counseling, transportation, emergency services, respite, and intensive family preservation services. Service providers are required to form collaborative partnerships for the provision of family-centered services. Services are available in all districts, and vary according to the needs of the community. In FY 2006, the Department contracted with 16 community service providers and seven tribal nations to provide APSSF and Family Support and Family Preservation services to families and their children in both urban and rural settings. Since 1995 these programs have collectively served more than 88,000 families and their children.

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In FY 2006 the Division's Office of Prevention and Family Support (OPFS) continued to provide technical assistance, training, and support services to program sites, including:

- current information updates;
- program monitoring visits to ensure program quality and contract compliance;
- ongoing technical support and family-centered practice training, which included goal setting and the assessment process;
- new staff training on PSSF program requirements, contract compliance, and staff responsibilities; and
- the Annual Statewide Family-Centered Practice Conference.

In FY 2006 the OPFS continued community outreach efforts by:

- producing the annual APSSF Services Program Directory, which provides a current listing of the statewide providers' program information;
- maintaining a section on the Department's web site to provide information about APSSF programs;
- providing APSSF program information at community conferences and health fairs;
- updating the one page informational flyer and developing a program brochure on APSSF programs; and
- providing training on APSSF programs to all CPS Districts' supervisors and managers, and CPS Child Welfare Training Institute trainees.

Community providers continued to participate in ongoing program evaluation during FY 2006. This included attendance at bi-monthly program evaluation team meetings, a data collection training, and provision of a variety of data to the evaluators each month. The most recent program evaluation report indicated the following for FFY 2005 program participants:

- Families were diverse and represented all segments of Arizona's population, albeit ethnic minority families were slightly over-represented compared to the State's population.
- Families were found to have significant risk factors, including single parent households and children in out-of-home care.
- The percentage of families that were referred to the program by Child Protective Services decreased from 14% in FFY 2004 to 9% in FFY 2005. The percentage of families self-referred also declined to 26%. There was an increase to 50% in referrals made by the Court or law enforcement agencies.
- Regardless of income, most families sought assistance to enhance their parenting skills.
- Families were directly involved in prioritizing their presenting issues and formulating their support plan.

Data related to APSSF objectives indicates the programs met or nearly met their targets for FFY 2005. This data included the following about Program participants:

- 99% did not have a substantiated report of child abuse or neglect for six months after receiving services.
- 95.0% indicated satisfaction with Program services.

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- 87.0% improved in parental competence. While the Program overall did not meet this objective, 12 of the 16 participating agencies did exceed the 89% mark.
- Overall, 69% of all families improved in at least one presenting issue.
- 6,263 new families, including families from Tribal Nations, received services in FFY 2005. This is a decrease from the 8,244 new families that received services in FFY 2004. However, this measurement period only includes an 11 month data collection period of November, 2004, through September, 2005. In addition, reissue of the program RFP and turnover in program provider agencies created some delays to service provision in FFY 2005.

Homeless Youth Intervention Program

The primary objective of the Homeless Youth Intervention Program (HYIP) is to reduce risk factors related to homeless or potentially homeless youth and their families by:

- establishing a sense of self-reliance;
- providing family support, preservation, and reunification services; and
- providing independent living skills training.

The focus of this program is to reunify homeless youth with their families and enhance the parent-child relationship by providing the necessary resources and services to enable a safe and stable environment. Referrals are received from parents, schools, or any significant person in a child's life. Participation by the youth is voluntary. Upon referral, staff contact the youth to gather input regarding his or her needs, resources, and interest in services; and to engage and motivate the youth to participate in services. Services may include, but are not limited to: case management, parent aide, parent training, shelter care, counseling, and crisis intervention. Services continue, as needed, to support and stabilize children in-home following reunification. When reunification is not possible, the focus becomes the enhancement of the homeless youth's ability to be self-sufficient. Self-sufficiency services include: shelter care and supervision (with parental consent), employment skills training, employment assistance, personal living skills training, independent/transitional living programs, counseling, mentoring, and the provision of emergency supplies. Youth involved with Child Protective Services (CPS) or the Juvenile Justice System are not eligible for this program. The Homeless Youth Intervention Program is available in Pima, Maricopa, and Yavapai Counties, and serves approximately 100 youth per year.

During FY 2006 the Homeless Youth Intervention Program implemented strategies to aid age appropriate participants in obtaining and securing stable employment, and increase the percentage of youth with identified drug issues who participate in drug treatment services. Activities and accomplishments included the following:

- Again this year, about 25% of the youth obtained and secured employment for at least 30 days.
- Case managers continued to network with their communities to identify potential employers and educate them on employment issues faced by youth in the community. HYIP program staff also established relationships with youth-employment programs and obtained job leads for youth.
- Again this year, only 2% of youth who identified drug issues as an area of concern participated in actual treatment services. However, at the time of case closure, 32% reported they felt that drug use was no longer a concern and did not have the urge to return to drug use.

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- Program representatives have reported a trend of risk and harm reduction this year, including decreased usage, knowledgeable usage, and needle exchange. However, Tucson program representatives report an increase in use and abuse of methamphetamine, and to a lesser degree, heroin.

In providing services to meet the needs of homeless youth, the Program assisted youth by:

- providing for the basic needs of youth (i.e. clothing, food, shelter and medical care);
- screening and properly treating mental health issues;
- providing age and developmentally appropriate literature to youth to help them address their current living situations and relationship issues; and
- promoting the youth's appreciation of life by aiding youth to identify and become more engaged in activities that they enjoy, and facilitating increased involvement in the positive aspects of their communities.

So far this year, 50% of HYIP participants have completed all of their goals before closing, and 53% of the youth have reunited with their families. Tucson reports an increase in youth traveling through town due to the closure of automobile and manufacturing plants in the Midwest and Eastern states, contributing to family destabilization.

Service Integration and Family Connections

Service Integration is a fundamental change in the way the Department does business. It builds individuals' and families' capacities to improve their lives by focusing on prevention and early intervention. Through service integration, individuals and families assess their strengths, engage in developing plans to build on those strengths, and reach progressive goals in the areas of safety and self-sufficiency. The collective resources of the entire Department, along with the resources of our partner agencies, community-based organizations, and faith-based groups, are utilized in supporting families' efforts.

The Department's service integration strategies can serve families that are not involved with Child Protective Services, but many service recipients are involved or at risk of involvement with CPS and some strategies specifically target these families. In addition, many of the family, community, and Department partners participating in the Community Network and Breakthrough Series Collaborative Teams are current or former foster and/or adoptive parents caring for children involved in the child welfare and/or developmental disability areas. The Department's major services integration strategies include the following:

- *Family Connections Teams* – These teams were developed in FY 2005 to reduce poverty and family violence by better integrating the Department's human service programs. These intervention teams engage families to establish goals for self-sufficiency, child safety, and overall child and family well-being. Through the collaborative development of service plans, services that address housing, education, income, health care, and substance abuse are better coordinated. The responsibility for service delivery is shared among staff and case participants, including parents, children, faith-based communities, neighborhood groups, and treatment or service providers.

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Family Connections Teams include child welfare, family assistance, and employment program staff. The current teams serve families with active enrollment or high risk for enrollment in the Temporary Assistance for Needy Families program (TANF), but no active involvement with CPS. CPS Specialists and the Child Abuse Hotline can refer families to Family Connections. There are currently six Family Connections Teams, four in Maricopa County and two in Pima County. Four teams are linked to domestic violence shelters, where they target families who are exiting shelters and need services to help stabilize. Family Connections is adding four teams that will be operational by July 1, 2006. Two of the teams will provide services to maintain kinship placements, and the other two will provide supports for families identified through Team Decision Making meetings (TDMs) or the Breakthrough Series Collaborative on Service Integration as requiring access to Department or community resources. These teams will seek to prevent court dependency and/or child removal. For more information on the expansion of Family Connections Teams, see Section III, Part 1, subsection C, Safety Objective 2.

- *TANF Service Coordinators* – TANF Service Coordinators conduct an up-front assessment of families applying for TANF, to connect the family to all DES services and community services. The Service Coordinator determines eligibility for TANF, including Grant Diversion, Food Stamps, and medical assistance. Individuals involved in Grant Diversion, which is a one-time cash assistance to prevent the need for long-term services, are provided job development and post-employment support services. The goal is to reduce the TANF caseload by improving outcomes for families from the point of the initial interview by serving the family holistically, identifying the family's strengths, and addressing all potential needs. There are currently twenty-four TANF Service Coordinators, primarily located in Pima and Maricopa Counties. The Department plans to expand to approximately 142 more positions statewide by Fall 2007.
- *Jobs Program Request for Proposals* – A Request for Proposals has been issued statewide to privatize the Department's Jobs program. This program helps people involved with TANF to prepare for and obtain employment and achieve self-sufficiency. As a result of the RFP, this function will now be performed by contractors in each county. The RFP requires contractors to stipulate how they will partner with local DES offices and other community resources to help individuals achieve self-sufficiency and stability. These projects will begin in each county by Fall 2006.
- *Breakthrough Series Collaborative on Service Integration Local Teams* – Twenty teams have been formed across the State, in both rural and urban areas. These teams have equal representation of six family, six community, and six DES partners working collaboratively to identify, test, and implement small short-term strategies. When combined and successfully spread these strategies will result in larger long-term improved outcomes for DES families. Teams will be trained on the principles and values of effectively integrating services and the Breakthrough Series methodology. Locally grown improvements will be used to inform promising practices and statewide system reform.
- *Service Integration Community Development/Family Leadership Workgroup* – With over fifty percent representation by consumer families, this team provides direct input from family members into DES programs, services, and practices. Engaging families in all aspects of service integration is its overall emphasis, accomplished through five focused areas: establishing qualified family leaders to consult on DES policies and procedures and work closely with DES management; streamlining to reduce barriers and duplication for families accessing multi-agency

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assistance; planning a combined summit of county Community Network Teams and family leaders to promote institutionalizing family involvement within all levels of DES; parents training other families in self-advocacy and understanding systems reform; and developing a compensation package for families who serve in leadership roles within DES committees, workgroups, and other related capacities.

- *Community Network Teams* – There are currently nineteen Community Network Teams across all fifteen Arizona counties. These teams develop plans; identify existing services, resources, and family supports within their local communities; and address gaps in services. These teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Several teams utilize the Asset-Based-Community-Development (ABCD) methodology to increase the well-being of children and families.

2. Child Protection, and Child Abuse and Neglect Intervention and Treatment Services

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline is the receiving point for all telephone, fax, and written communications from any person, law enforcement agency, or judicial entity concerned about possible or alleged abuse, neglect, abandonment, or exploitation of a child within Arizona. Sources include parents, relatives, mandated reporters, private citizens, and anonymous reporters. Trained CPS Specialists assess all incoming information and support the interview process by asking specific cue questions regarding the type of abuse or neglect alleged. For all incoming communications, Hotline staff determine whether the statutory criteria for a CPS report for investigation are met and the current safety and level of risk to the child. The Hotline notifies a field Unit Supervisor or standby staff immediately when an emergency response is needed.

All communications about abuse or neglect of a child that are determined to not meet the statutory criteria for a CPS report for investigation are reviewed within 48 hours by a quality assurance specialist. Communications do to not meet the criteria for investigation for reasons such as: (1) concern only/no allegation of child abuse or neglect; (2) out of CPS jurisdiction; (3) call appropriate for law enforcement jurisdiction (such as when the perpetrator is not a parent or primary caretaker); (4) insufficient information; (5) truancy/custody issues only; and (6) call involves questions or referrals on a current CPS case. The Arizona Citizen Review Panel found this to be an area of strength for the State. The Review Panel's 2005 reports states: "Panels found that actions taken by the Child Protective Services Hotline were complete, accurate, and timely in 22 cases reviewed and disagreed in one case with the hotline's decision to not accept a call as a report."

The Hotline also receives many important calls that are not about abuse or neglect of a child. For example, calls requesting community resource information, notifying the agency that a youth has run away, or alerting the Division to a foster parent license violation. The Hotline records in CHILDS all communications of substance. All requests for copies of CPS reports are also processed by the Hotline. When requested by a person who is entitled to receive a copy, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the decision. In addition, the Hotline processes all clearance requests received from foster home licensing and adoptive certification agencies, statewide. These requests are processed by support staff, rather than Hotline CPS Specialists. Total Hotline staff is now 92, including 72 Child Protective Service Specialists, nine CPS Unit Supervisors, five management staff, and six clerical staff.

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The Hotline continues to gather data on queue wait times (how long a caller must wait before a call is answered by a Specialist) and percentage of calls that are abandoned by the caller before speaking to a Hotline Specialist. The total abandoned calls improved from 19.87% of all calls received in October 2004 through March 2005; to 13.04% of calls received in October 2005 through March 2006. Hotline management believes this improvement is due to fewer vacancies, an increase of four Hotline Specialist positions, and implementation of a "call triage" system. Call triage allows callers to choose to speak with a Specialist quickly to answer short questions, rather than waiting in line with those who are calling to make a report of abuse or neglect. These callers may previously have hung up rather than wait.

Hotline management has set an average queue wait time goal of four minutes. Although there were fewer abandoned calls, average queue wait times increased slightly, from a high of 4.40 minutes in FY 2005 to a high of 5.50 minutes during October 2005. Average queue wait times ranged from 3.45 to 4.40 minutes between October 2004 and March 2005, and from 4.59 to 5.50 minutes between October 2005 and March 2006. The increase may be due to a problem with how calls are routed when the "triage" option is selected, particularly after hours. At those times it appears the call is held in triage for several minutes before it moves to the regular queue and can be answered, which causes the average queue wait time to increase. Hotline management is working on a resolution that will work with the current call system software. Steps have also been taken to improve the response time when calls are in queue. Supervisors now alert staff when wait times reach fifteen minutes, and whenever possible staff take additional calls prior to completing data input of a prior call.

To improve safety outcomes, Hotline staff continue to use the interview cue questions revised in January 2005 that gather information on four domains within the State's *Strengths and Risk Assessment Tool*: current incident and history of abuse/neglect; child characteristics; parent characteristics; and family, social, and economic factors. The training curriculum on the State's *Child Safety Assessment* and *Strengths and Risk Assessment Tool* was modified to address Hotline assessment. This training has been incorporated into the Hotline's new employee training program. The *Strengths and Risk Assessment Tool* has been utilized for all communication determinations since its implementation. Reduction in the number of CPS reports for investigation is believed to be a result of the using tool, since staff are trained to ask more specific questions and are therefore able to gather clearer information to determine whether statutory criteria are met. The new cue questions and training provide continuity in policy and language throughout all phases of CPS intervention.

Hotline "ongoing" training was implemented in January 2005 in order to address the needs of long-time and current Hotline Specialists, rather than offering only initial training to our staff. Between January 2005 and June 2006 topics have included safety and risk assessment implementation; DES service integration; correct research and data input; procedural changes regarding court orders and abuse between children in foster care; the correlation between animal, elder, and child abuse and domestic violence; and a safety and risk assessment update. The focus of all trainings is to provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Hotline initial and ongoing training will soon be included within the DCYF Child Welfare Training Institute. Ongoing training will occur on a semi-annual basis, at minimum, in order to partially meet requirements for all CPS Specialists within the Division to receive a minimum of 24 hours of ongoing training per year. Hotline staff also attend conferences and other training offered by the Department and community.

Child Safety Assessment and Comprehensive Strengths and Risk Assessment

Arizona law identifies that the primary purposes of CPS are: (1) to protect children by investigating allegations of abuse and neglect; (2) promote the well-being of children in a permanent home; and (3) coordinate services to strengthen the family and prevent abuse or neglect. To achieve these purposes, all communications meeting the criteria of a report are assigned to a CPS Specialist for investigation and family assessment, including assessment of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the report or the investigation indicates that the child is or may be the victim of an extremely serious conduct allegation, which if deemed true would constitute a felony. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal or county law enforcement agencies.

The Division's standardized *Child Safety Assessment* and *Family-Centered Strengths and Risks Assessment Tool* assist CPS Specialists to explore all pertinent domains of family functioning, recognize indicators of current or foreseeable danger, and predict the likelihood of future maltreatment. CPS Specialists use the related *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to gather and evaluate information from parents and children. The Interview Guide provides questions for CPS Specialists to ask families when gathering information to assess the family's strengths and functioning in each risk domain. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

The Division may offer voluntary child protective services or file a dependency petition if there are legal grounds. In either circumstance, the Division can provide in-home or out-of-home services to address risk factors that must be resolved in order for the children to live at home safely without CPS involvement. Arizona's State policy instructs that the Department "shall seek to open a case for ongoing services if, based on the findings of the CPS investigation and the Family Assessment, it appears that there is risk of present or future harm to any child in the family unit." The decisions of whether to open a case for services, provide in-home or out-of-home services, and provide voluntary or court dependency services are based on factors such as severity of risk, the family's recognition of the problem and motivation to participate in services without CPS oversight, the family's willingness to participate in voluntary child protective services, existence of grounds for juvenile court dependency, and the agency's knowledge of the family's whereabouts. State policy does not identify report substantiation as a factor in the decision of whether to open a case for services.

The Division is receiving technical assistance from the National Resource Center for Child Protective Services (NRCCPS) and the National Resource Center for Permanency Planning and Family-Centered Practice (NRCPFCPP) to improve safety and risk assessment, integration of the Child Safety Assessment (CSA) and Strengths and Risk Assessment (SRA) tools into practice, and the quality of decision making related to safety and risk assessment, substantiation, and service provision. To improve supervision related to investigative assessments and intervention, Action for Child Protection facilitated Critical Decision Making Seminars for all CPS supervisors, management staff, and Assistant Attorneys General during Spring 2005. These seminars set a foundation for The Group Supervision Project, also known as Supervision Circles, which was rolled out statewide in January 2006. The Group supervision Project has placed significant emphasis on family-centered practice and critical decision making skills. It is anticipated that by the end of the project, Supervisors will be utilizing Supervision Circles with their CPS

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Specialists as a tool to improve communication and practice. For more information on these projects see Section III, Part 1, subsection C, Safety Objective 3.

In-Home Children Services

In-home children's services focus on families where unresolved problems have produced visible signs of existing or imminent child abuse, neglect, or dependency, and the home situation presents actual and potential risk to the physical or emotional well-being of a child. In-home children services seek to prevent further dependency or child abuse and neglect through provision of social services to stabilize family life and preserve the family unit. These services, including voluntary services without court involvement and court-ordered in-home intervention, are available statewide, although the actual design of services varies by district. Services include parent aide, parenting skills training, counseling, self-help, and contracted case management. Families may also receive referrals for services provided by other Divisions within the Department or other State agencies, including behavioral health services and other community resources.

The Division has implemented an integrated services contract for flexible in-home services through community providers. This integrated services model was implemented in March 2006. The contract increases the array of available in-home services, coordinates services, and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible, and culturally responsive. The model will provide family support, preservation, and reunification services to serve children and family members that have been referred by CPS. Services may be provided within a natural parent's home or in the home of a pre-adoptive or adoptive kinship or foster family home. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home. The model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives. The integrated services model includes two service levels, intensive and moderate, which will be provided based upon the needs of the child and family. The model is provided through collaborative partnerships between CPS, community social service agencies, family support programs, and other community and faith-based organizations.

The following elements are fundamental to the in-home services program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Services are crisis-oriented, thus initial client contact is made within four to twelve hours of receipt of the referral for an intensive case and within two business days for a moderate case.
- Intensive Services are available to clients twenty-four hours per day, seven days per week, for emergencies.
- The assessment and treatment approach is based on the family systems theory.
- Emergency assistance may be available through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place when permanency is established.

The Division continues to develop in-home service units to support delivery of integrated services and other in-home supports. Cases served include voluntary foster care, in-home court intervention, in-home dependency, integrated services, and other in-home support cases. Districts I, II, III and VI have developed

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specialized in-home service units. In Districts IV and V, In-Home Services Specialists are serving families while units are being created. For more information on the Division's expansion of in-home services see Section III, Part 1, subsection C, Safety Objective 3.

The monthly average number of families receiving in-home children services is 4,829; up from 4,376 in SFY 2005. The significant increase can be attributed to the increased use of court ordered in-home intervention as well as the implementation of the new integrated services contracts that increased the availability of in-home services to families.

B. Outcomes, Goals, and Measures of Progress

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Annual Progress and Services Report, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. The target percentage for all the CFSR goals is the standard for substantial conformity during a Child and Family Services On-site Review, and is therefore a long-range goal representing a very high standard of practice. The Division is continuing all of the safety related outcomes and goals listed in the Child and Family Services Annual Report submitted in June 2005, with the exception of last year's Safety Goal 2.4. Safety Goal 2.4, which included a measure of reducing the number of children removed from their birth families and a measure of reducing the percentage of children under age 18 residing in Arizona who are removed from their birth families, has been simplified into this year's Safety Goal 9. Reducing the number and rate of children removed from their birth families and placed into out-of-home care continues to be a priority for the Department and a key outcome for the Family to Family model.

Progress toward achieving most of the State's safety outcomes and goals is measured using the Practice Improvement Case Review, which is fully described in Section III, Part 4, of this document. The Practice Improvement Case Review was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1, 2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005 using the new procedures. Cases reviewed in 2005 cover a combined period under review of 7/1/04 through 12/31/05. See Section III, Part 4, subsection A.3., *Quality Assurance System*, for more information on the Practice Improvement Case Review.

Unlike the CFSR, safety outcomes are measured using a sample of all cases on which a report for investigation was received during the sample period, rather than only cases opened for in-home or out-of-home services. This has allowed the Division to gather information about the achievement of safety outcomes in cases closed at investigation, as well as those opened for services.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety Goal 1: The percentage of investigations initiated within State policy timeframes will be 95% or more

Quarter ending 6/04:	65%
Calendar year 2005:	71%

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Safety Goal 2:	The percentage of investigations in which all children who are the subject of the report are seen face-to-face before investigation closure will be 95% or more
	Quarter ending 6/04: 81%
	Calendar year 2005: 85%
Safety Goal 3:	a. The percentage of cases that have no more than one substantiated and similar report of maltreatment within a 6 month period will be 95% or more
	Quarter ending 6/04: 97%
	Calendar Year 2005: 98%
	b. The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 93.9% or more
	Federal Fiscal Year 2004: 97.0%
	Federal Fiscal Year 2005: 96.9%
Safety Goal 4:	The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.43% or more
	Federal Fiscal Year 2004: 99.83%
	Federal Fiscal Year 2005: 99.86%
Safety Goal 5:	The number of child fatalities resulting from child abuse or neglect per year will be zero
	State Fiscal Year 2003: 19
	State Fiscal Year 2004: 20
	State Fiscal Year 2005: 24
Safety Goal 6:	The percentage of cases where pre-placement preventive services were provided, if appropriate, will be 95% or more
	Quarter ending 6/04: 90%
	Calendar Year 2005: 72%
Safety Goal 7:	The percentage of cases where the risk of harm for each child is comprehensively assessed will be 95% or more
	Quarter ending 6/04: 49%
	Calendar Year 2005: 41%
Safety Goal 8:	The percentage of cases where services are provided for risks of harm identified through assessment will be 95% or more
	Quarter ending 6/04: 75%
	Calendar Year 2005: 65%
Safety Goal 9:	By June 30, 2006, the number of children in out-of-home care will decrease by 5%
	Statewide 6/30/05: 9,846
	Statewide 3/31/06: 9,902

C. Fiscal Year 2006 Objectives and Accomplishments

Arizona's Child and Family Services Plan Update for 2005 listed the Division's three core objectives (strategies) to achieve safety, permanency, and child and family well-being outcomes. These systemic

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objectives are intended to transform the way the Division's field staff interact with families, and the experience children and families have with the child welfare system. Because these strategies change core practices, improved results are expected in all outcomes areas. The three core objectives include:

1. *Embed family-centered practice, including the Family to Family model, into child welfare practice and systems*

The Department believes family-centered practice and the Family to Family model will result in changes to agency culture and practices that will improve family engagement, assessments, services, and case manager contacts. In relation to the child safety outcomes and goals, the Family to Family model employs family-centered strategies of building community partnerships and team decision making (TDM) to achieve results such as reducing the number of children in out of home care, and reducing disparities associated with race and ethnicity, gender, or age in any of the Family to Family outcomes. The Department anticipates that through these community partnerships and TDM meetings strong community/neighborhood support networks will be developed that provide the right services and support to families to maintain children safely in-home, reduce risk of maltreatment, and reduce repeat reports to the Child Abuse Hotline. Development of family-centered practice skills among the Division's CPS Specialists will support the TDM and community partnership strategies. For information on the State's progress toward achieving this objective, see Section III, Part 3, *Child and Family Well-Being*; and Section IV, *Foster and Adoptive Home Recruitment and Retention Plan*.

2. *Contract with community providers to increase the availability of accessible, flexible, and comprehensive services to meet the needs of children in-home*

This objective also supports the Family to Family strategies of community partnership and team decision making by providing a greater array of services to support families, reduce risk, and maintain children safely at home with their families. The Department anticipates that this approach will also increase the percentage of children and parents receiving comprehensive assessment. For information on the State's progress toward achieving this objective, see Section III, Part 4, subsection A.5., *Service Array and Resource Development*.

3. *Develop a central office Practice Improvement Unit and Practice Improvement Specialists in each district, to increase and organize strategic planning and continuous quality improvement functions*

The Department believes that self-evaluation in relation to the agency's outcomes and goals is essential to ensuring agency resources are used in a manner that achieves positive outcomes for the greatest number of children and families in need of child abuse prevention and protection services. To evaluate performance in relation to the Department's safety, permanency, and well-being outcomes and goals, Practice Improvement Case Review and aggregate data from the State's automated record system, CHILDS, is gathered and analyzed on an ongoing basis. Statewide and District *Action Plans for Outcome Achievement* are developed based on the data and stakeholder input to address areas needing improvement. Promising practices are shared for implementation in other locations. For more information on the Practice Improvement Unit, the Practice Improvement Case Review, other practice improvement activities, and progress related to this objective, see Section III, Part 4, subsection A.3., *Quality Assurance System*.

In addition to these core objectives, the Department identified Safety objectives and benchmarks for SFY 2006. This section provides a description of progress toward achieving each objective.

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Safety Objective 1: Increase the availability and accessibility of child abuse prevention services, including parenting, economic, health, and child care services

1. Request additional funding to increase the availability and accessibility of the Healthy Families Arizona home visitation program for at-risk families
2. Increase opportunities for families to take advantage of income support by educating Healthy Families Arizona home visitation providers about the Earned Income Tax Credit so they can encourage families to file their taxes and receive a refund
3. Increase accessibility to prenatal substance and alcohol use prevention and education programs and services for expectant mothers by providing Healthy Families Arizona workers education materials to give to expectant mothers on the negative effects of using substances and alcohol during pregnancy, and ways to optimize healthy brain development
4. Fund scholarships for early childhood professional development for child care workers through SEEDS (Scholarship for Early Education Development)
5. Continue to evaluate the Healthy Families Arizona and Promoting Safe and Stable Families programs using tools that measure risk reduction and family strengths and outcomes.

The Department's method for implementing this objective has been the Healthy Families Arizona program. Additional funding has been requested to increase availability and accessibility of the program, although it is not yet known if the additional funding will be received. All other action steps were completed in FY 2006, improving the quality and effectiveness of the program. For example:

- As planned, training on the Earned Income Tax Credit was given to all HFaz supervisors by an employee of the IRS. Each supervisor received enough EITC flyers to have their workers give each current participant a copy.
- Since August 2004 every new employee of the Healthy Families program has been provided training on the prenatal curriculum used with families who are expecting the birth of a baby. This curriculum was developed by Healthy Families America, based on current research and best practice strategies for working with families during their pregnancy. The curriculum includes handouts in both English and Spanish.

An entire section of the curriculum is focused on "lifestyle effects on prenatal growth and development," including the damage that can be caused by tobacco, illicit drug, and alcohol use during pregnancy. This section includes questions and simple handouts workers can use to explore these issues with families. The program uses materials from Robin Karr-Morse's "Ghosts from the Nursery" book about the impact of drugs in utero. Another section of the curriculum focuses on developing healthy support systems, which can have a huge impact on the success of parents who are trying to quit using drugs or are in recovery. Each worker views a video produced by the "I Am Your Child Foundation," featuring the importance of a healthy and drug free lifestyle during pregnancy. Each site has copies of this video in English and Spanish. During prenatal goal setting, much of the emphasis is on maintaining a healthy pregnancy. Staff are required to complete at least one goal plan with families during the pregnancy. If the parent reported drug, alcohol, or tobacco use during the initial assessment, staff revisit and address these issues during the goal setting process.

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- In Fall 2003 and throughout 2004, 401 teachers received scholarships and were trained through SEEDS (Scholarship for Early Education Development). This training benefited 4,942 children each year. In 2005/2006, 210 teachers received scholarships and were trained, benefiting 2,940 children. This is an ongoing project.
- Family-centered evaluation tools have been used since 1992 for the Healthy Families Arizona (HFAz) Program, and since 1995 for the Promoting Safe and Stable Families Program. The HFAz evaluators created and validated a new assessment tool for program participants, and program staff started using the Healthy Families Parenting Inventory with all program families in November 2004. This is an ongoing project.

Safety Objective 2: Develop a model for addressing issues of safety, poverty, and economic security for all children and families

1. Continue to implement the Family to Family model
2. Assess outcomes related to Family to Family model implementation and based upon assessment, improve service delivery
3. Continue to develop and implement integrated services models such as Family Connections and evaluate outcomes

The Department continues to implement Family to Family as a core strategy for system-wide change. Substantial progress has been made to implement the Family to Family strategies of self-evaluation; team-decision making; community partnership; and recruitment, development and support of resource families. For information related to increased capacity for self-evaluation, see Section III, Part 4, subsection C, Objective 7. For information related to recruitment, development, and support of resource families, see Section IV, *Foster and Adoptive Home Recruitment and Retention Plan*.

Team Decision Making (TDM) was implemented in one of the State's largest field sites in June 2005, and expanded across Maricopa County in SFY 2006. There are now seventeen TDM facilitators in Maricopa County. By April 30, 2006, 1,670 children had been the subject of a TDM meeting. Of these, 55% (922 children) remained with family, and dependency petitions were filed in regard to 31% (519 children). As of May 30, 2006, TDM Meetings are being held on all initial investigations in Maricopa County, where children are removed or are being considered for removal. By January 2007 Team Decision Making Meetings will be held on cases involving long term foster care, independent living, termination of parental rights, and adoption versus guardianship disputes.

During the Leadership/National Conference in May 2006 the Annie E. Casey Foundation announced that Arizona will become a regional anchor site for Family to Family practice. There are fifteen anchor sites across the country. The Division remains fully committed to rolling out Family to Family statewide. While Arizona is focusing attention on development of Family to Family in Maricopa County, other districts are gaining an understanding of the Family to Family approach and are developing systems to support future roll out—such as capacity for self-evaluation and designation of district recruitment liaisons.

The Department has made substantial progress toward integrating DES services during FFY 2005. One of the most important strategies affecting families and children at risk of CPS involvement has been the implementation of Family Connections Teams, which include child welfare, family assistance, and employment program staff. In February 2005 one team in Maricopa County and another in Pima County

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began to serve families receiving public assistance or at high risk for receiving such benefits. In August 2005 four new teams were implemented that include a domestic violence advocate. Three of these new teams are in Maricopa County and the fourth is in Pima County. These teams are linked to four domestic violence shelters, where they target families who are exiting shelters and need services to help stabilize. The partners in each team vary according to the needs of families within the geographical area served.

Family Connections is adding four more teams that will be operational by July 1, 2006. Two of these teams will be located in greater Phoenix and two will be based in Tucson. One Tucson team and one Phoenix team will provide services to maintain kinship placements, thereby improving placement stability and avoiding costlier placements. The other two teams will provide supports for families identified through Team Decision Making meetings (TDMs) or the Breakthrough Services Collaborative on Service Integration as requiring access to Department or community resources. The teams will attend TDMs, bring information about community resources, and assist the families to identify and access resources. The teams will continue to work with each family until the family determines that it no longer wants or needs the team's services. These teams will focus heavily on community involvement and partnership to support the families. The teams will seek to prevent court dependency and/or child removal. In situations where the child can not remain safely in the home, the team will help to identify and support a kinship caregiver.

For information about the Department's other service integration activities, see Section III, Part 1, subsection A, *Service Integration and Family Connections*.

Safety Objective 3: Improve CPS Specialist's application of and skill with the *Child Safety Assessment* and *Family-Centered Strengths and Risks Assessment Tool*

1. Convene a workgroup of field staff, trainers, CHILDS staff, and others to review and make recommendations to improve the *Child Safety Assessment* and *Family-Centered Strengths and Risks Assessment* tools, processes, and training
2. Begin implementation of the workgroup's recommendations

The Division identified through its Practice Improvement Case Review and other sources that the field required additional education and support to develop skill and consistency in using the *Child Safety Assessment* and *Family-Centered Strengths and Risks Assessment Tool*. Staff were trained on these instruments and began using them in April 2003 (CSA), and March 2004 (SRA). Since that time, all new CPS Specialists have received training on use of the tools during initial and on-the-job training. However, given that these tools provide a substantially different approach to working with families, including differences in both the style and depth of assessment, full implementation of the tools and related practice and agency cultural shifts has required ongoing and persistent attention.

The Division is receiving technical assistance from the National Resource Center for Child Protective Services (NRCCPS) and the National Resource Center for Permanency Planning and Family-Centered Practice (NRCPFFCP) to evaluate the need for further improvements in assessment and decision making; particularly the extent to which the Child Safety Assessment (CSA) and Strengths and Risk Assessment (SRA) tools have been integrated into practice, and the quality of decision making related to safety and risk assessment, substantiation, and service provision. Rather than form a workgroup at the outset of the project, the Division chose to conduct an in depth assessment to determine the degree to which the CSA and SRA were being used as intended, and the reasons why they were or were not.

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A consultant from the NRCCPS reviewed CHILDS data on substantiation by type of maltreatment; Practice Improvement Case Review results; Arizona's policies and procedures on safety assessment and substantiation; and the State's legal definitions of maltreatment, statutes, and substantiation criteria. The consultant also attended the State's initial case manager training on the CSA and SRA. Additional information was gathered by the consultants via an on-line survey completed by field staff in March 2006; focus groups of CPS Specialists and CPS Supervisors held throughout the State in February 2006; and a case record review of investigation cases from all six districts. Recommendations were provided to the Division in April 2006, and a workgroup of district and Central Office staff began meeting in early May 2006 to review the recommendations and design revisions to the CSA and SRA tools, procedures, and training. This project is the logical continuation of the Division's work in prior years to implement family-centered, comprehensive, and individualized assessment and case planning throughout the investigation and case management phases of the Division's service continuum.

To improve supervision of investigative assessments and intervention, Action for Child Protection facilitated Critical Decision Making Seminars for all CPS supervisors, management staff, and Assistant Attorneys General during Spring 2005. These seminars set a foundation for The Group Supervision Project, also known as Supervision Circles, which was rolled out statewide in January 2006. Supervision Circles are established in Tucson, Flagstaff, and Phoenix – allowing statewide participation by all Assistant Program Managers and Program Specialists who assist with supervision. Monthly meetings were held monthly through May 2006, facilitated by Dr. Cynthia Lietz, of Arizona State University West, and the Division's Case Management Policy Specialist. Participants discuss case, personnel, and other supervisory issues at the meetings, where the group generates solutions and peer support. Significant emphasis is placed on family-centered practice and critical decision making skills. The meetings provide modeling and experience with peer group supervision. Participants use their new skills to implement Supervision Circles within the field units they supervise, to improve communication and practice. A mid-point survey has been conducted to gather feedback on the usefulness of the Supervision Circles. The participants generally rated the project high in usefulness. Of those completing the survey, the vast majority had started their own Supervision Circles. With the official implementation completed, additional time is being provided for participants to integrate Supervision Circles into their supervisory practice. Dr. Lietz is also available to participants who request additional assistance in the implementation of this program. A follow up survey will be conducted in late Summer 2006 to further assess the effectiveness of Supervision Circles, and determine if the process is being utilized and is of benefit to those involved.

Safety Objective 4: Minimize the amount of case management work performed by investigative CPS Specialists on CPS cases opened for in-home or out-of-home services

1. Continue to implement Integrated Service Program models such as Family Connections.
2. Continue to implement In-Home Services Units and In-Home Services Specialists.
3. Explore expansion of "SOS" contracted services, which assist families and CPS Specialists at the time of a child's removal to ensure the family's needs have been identified and services have been initiated, engage the family in the change process, and when appropriate begin a connection between the family and foster family

The Division believes that the initial response to reports of maltreatment will be timely in more cases, and family assessments of safety and risk will be more comprehensive and accurate, if low risk families needing support and community resources are served through other Department and community agencies,

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CPS Specialists are able to quickly transfer initial assessment cases to ongoing CPS Specialists when CPS services are needed, and tasks that do not require the expertise of a CPS Specialist are performed by support staff. To achieve these ends, the Division has participated in Department-wide service integration programs, developed In-Home Service Units and Specialists, and used case aides and contracted services to support CPS Specialists conducting initial assessments.

For information on the Department's progress toward integrating DES services, see Section III, Part 1, subsection C, Safety Objective 2.

Comprehensive In-Home Services contracts were awarded in January 2006. Twenty contracts were awarded to ten provider agencies. Including supervisors, 137.5 CPS positions were authorized to fill fourteen newly created In-Home Specialist Units, to provide ongoing case management services to intact families. The In-Home Specialist Units include six in District I (Maricopa County), four Units in District II (Pima County), and one unit in each of the remaining Districts (III-VI). Some of the new In-Home Services Specialist staff were placed in existing Units. In-Home Services Specialists are receiving specialized training from Community Partnerships, including training on family engagement. Five training sessions have been held for over 200 CPS Specialists. The number of in-home services cases has increased from 2,846 families in July 2005 to 3,368 families in December 2005, an increase of 522 families or 18.3 percent.

The Division explored the expansion of District III's New Responses (SOS) contract. The methodology for provision of this service was incorporated into the new comprehensive in-home services moderate service. Since January of 2005, three referrals were made to this program, four assessments were completed, and nine cases were closed. There have been no new referrals to New Responses since November 2005.

The Division is also using case aides for various functions that do not require the expertise of a CPS Specialist. Districts have developed forms and other processes so that CPS Specialists can identify and assign appropriate tasks to case aides, and case aides have been trained on the requirements of these tasks. Examples of tasks include requesting medical, educational, and mental health records; completing forms to initiate services for family members; and arranging a parent-child visitation schedule. In addition, many districts have identified and trained case aides to serve as kinship liaisons, providing resource information and support to kinship caregivers.

Safety Objective 5: Explore the accuracy of substantiation as an indicator of whether child maltreatment has occurred

1. Request consultation days from the National Resource Center for Child Maltreatment
2. Select and convene a work group including stakeholders
3. Develop and approve a work plan
4. Implement and complete plan including final recommendations
5. Implement recommendations

The previously described technical assistance from the National Resource Center for Child Protective Services (NRCCPS) and the National Resource Center for Permanency Planning and Family-Centered

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Practice (NRCPFFCP) is addressing this objective as part of the project to evaluate the need for further improvements in assessment and decision making. For more information see Section III, Part 1, subsection C, Safety Objective 3.

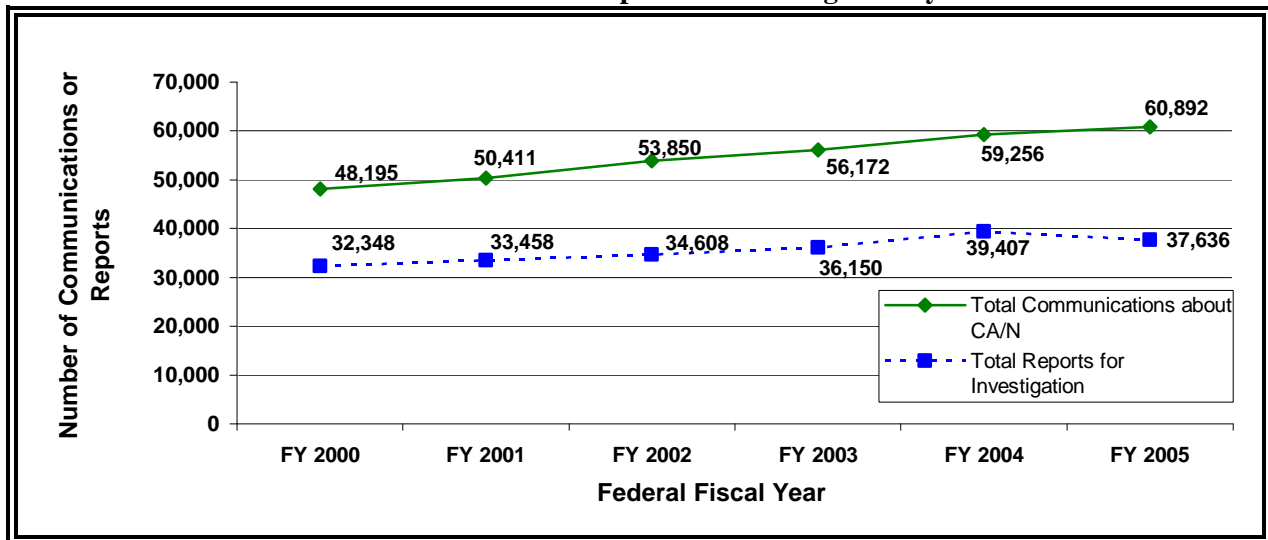
D. Analysis of Safety Data

Number of Hotline Communications

The volume of calls to the Hotline has continued to increase in the current fiscal year. In FFY 2005 the Hotline received 111,092 incoming calls. In the first half of FFY 2006 the Hotline received 60,903 incoming calls, compared to 59,392 in the first half of FFY 2005. If this rate of increase continues through the federal fiscal year, the Hotline will receive approximately 3,000 additional calls in FFY 2006. This data includes reports for CPS investigation, calls about abuse or neglect that do not meet the criteria for CPS investigation, and all other incoming calls recorded by the Hotline's telephone system software, including abandoned calls. The average monthly number of incoming mail and fax items also increased between these two measurement periods, from 1,493 per month to 1,586 per month. The Hotline has addressed the high volume of calls by instituting a triage system so callers with a question do not wait in line with callers who want to make a report, and by abbreviating the documentation of calls that do not meet the criteria for a report.

The total number of communications (including mailed and faxed items) about abuse or neglect of a child received by the Arizona Child Abuse Hotline also increased in FY 2005 – by 1,636, to a total of 60,892. However, the number of calls meeting the statutory criteria for a report for investigation decreased by 1,771, to a total of 37,636 reports. This is the first decrease in reports for investigation in at least five years. A growing percentage of Hotline communications about abuse or neglect do not meet the statutory criteria for investigation.

Number of Hotline Communications and Reports for Investigation by Federal Fiscal Year



The increase in communications and decrease in reports is believed to be caused by a combination of factors. Misinformation was provided to school administrators about a change in the mandated reporting statute effective September 2004. As a result of the misinformation, schools across the State called the Hotline regarding incidents of child-to-child fights on school grounds and other incidents that did not

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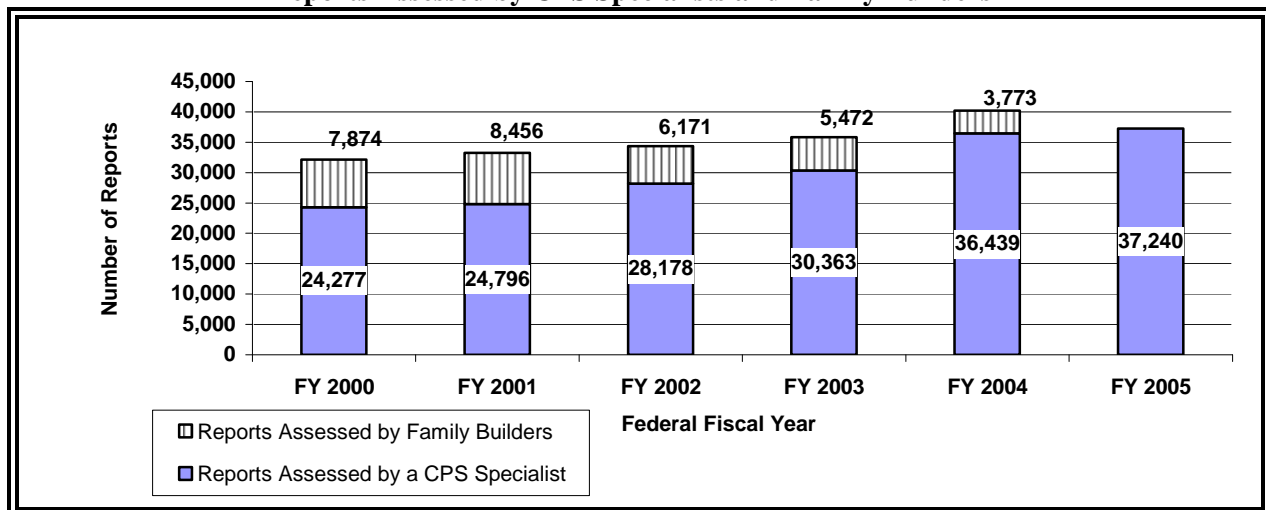
involve abuse or neglect of a child by a parent or primary caregiver. Correct information was distributed to school administrators and school reporters, which reduced this type of call. County joint investigation protocols that require law enforcement and the CPS Hotline be informed of all abuse or neglect is also a likely factor in the increased volume of calls. Another factor is the safety and risk assessment training and changes in the Hotline Cue Questions effective January, 2005. These changes have assisted Hotline staff to ask more screening questions and gather more information on protective capacities and mitigating factors. Hotline staff are therefore better able to assess whether a call meets the criteria of a report for CPS investigation and refer callers to appropriate community resources to address potential risks when the call does not meet the criteria for a report and CPS response.

Data indicates that calls about abuse or neglect of a child are being accurately categorized. The Arizona Citizen Review Plan Annual Report for 2005 identified this as an area of strength for the Division. All communications that do not meet the statutory requirements for a field investigation of abuse or neglect are reviewed within 48 hours by a DES Quality Assurance staff. Roughly seventy percent of the communications that are not categorized as reports are calls stating a concern about a child but no specific allegation of abuse or neglect, and roughly twenty percent are appropriate for law enforcement instead of CPS because the alleged perpetrator is not a parent or primary caretaker of the child but the allegations, if true, would constitute a crime.

Number and Types of Reports for CPS Investigation

Despite the FFY 2005 decrease in the number of communications meeting the criteria for a report and response, the total number of reports assigned to a CPS Specialist for assessment remains well above levels in 2003 and prior. Discontinuation of the Family Builders alternative response program in June 2004 masks the overall decrease in reports between FFY 2004 and FFY 2005. The Division had been referring well over 2,600 reports every six months to Family Builders for alternative response, and had referred 1,145 reports from April 1 to June 30, 2004. When the Division began assigning all reports to a CPS Specialist for assessment the total number of reports assigned to a CPS Specialist rose, even though the total number of reports decreased. Subtracting reports referred to tribal or military jurisdictions, CPS Specialists assessed 37,240 reports in FY 2005. This is a 20% increase over the 30,363 reports assessed by CPS in FY 2003, and a 2% increase over the 36,439 reports assessed by CPS in 2004.

Reports Assessed by CPS Specialists and Family Builders



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There continues to be no significant change in the type and risk level of reports for CPS investigation. Of reports received between April 1 and September 30, 2005, 60% alleged neglect, 33% alleged physical abuse, 6% alleged sexual abuse, and 1% alleged emotional abuse. During this same time period, 18% were categorized as high risk, 28% moderate risk, 39% low risk, and 15% potential risk.

Timeliness of Initial Response

State policy requires a standard initial response within two hours for high risk reports, 48 hours for moderate risk reports, 72 hours for low risk reports, and seven consecutive days for potential risk reports. CPS may respond within a mitigated response timeframe if defined criteria are met, such as confirmation that law enforcement or other emergency personnel is with the child victim and can confirm the child's safety. Mitigated response times are 24 hours for high risk reports, 72 hours for moderate risk reports, and 72 hours excluding weekends and holidays for low risk reports. Initial response is defined as an action to determine the child is currently safe, such as face-to-face contact with the child or a home visit to attempt to see the child.

The State has made progress in the timeliness of initial response to investigations. In cases reviewed during the Practice Improvement Case Review in 2005, 71% of reports received a timely initial response by a CPS worker, law enforcement, or other emergency personnel – up from 65% of reports reviewed in the quarter ending June 2004. All children who were the subject of the report were seen, or reasonable efforts were made to see all the children, in more than 85% of investigations reviewed in 2005 – up from 81% in the quarter ending June 2004. This measure includes all children in the home, not just the alleged victim of the current allegation. When a child is not seen, it is generally a sibling in the home rather than the alleged victim.

The Practice Improvement Case Review and external reviews of the Division have identified a need to improve timeliness and documentation of the response by a CPS Specialist in cases where law enforcement or other emergency personnel have confirmed the safety of the child and therefore met the initial response requirement. A policy reminder has been sent to the field and reviewed with management to make sure staff are aware that CPS must respond within the mitigated response time when the initial response is made by law enforcement or other emergency personnel. In addition, modifications have been made to CHILDS to capture both the date and time of law enforcement or emergency personnel response and the CPS Specialist's response date and time. Initial response time is also one of the Key Performance Indicators on the State's new data dashboard, which allows supervisory and management staff to identify cases due for response, staff performance in meeting response times, and accuracy of response documentation.

For more information on Division activities to improve timely response to reports of abuse or neglect, see Section III, Part 1, subsection C, Safety Objective 3. In FY 2007 the Division will continue many of the activities described under Safety Objective 3 and will further work to increase timeliness of initial response through activities to improve staff recruitment, retention, workload conditions, and supervision.

Substantiation Rates

Arizona's substantiation rate is calculated by dividing the number of substantiated investigations by the total number of investigations, excluding reports falling under tribal or military jurisdiction and reports categorized as potential risk. Reports falling under other jurisdictions are excluded because they are not assessed by CPS and no CPS finding is made. Prior to the program's discontinuation, reports referred to

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Family Builders were similarly excluded. Potential risk reports are excluded because they can not be substantiated since only *potential* risk is present, versus *actual* abuse or neglect.

CPS Specialists, with supervisory approval, can propose to substantiate a report according to criteria defined in policy. If the proposal to substantiate is not appealed by the alleged perpetrator within required timeframes, the finding turns from propose substantiation to substantiated. Cases that are involved in a juvenile, civil, or criminal court case regarding the allegation are not eligible for appeal. Roughly 10% of proposed substantiated findings are eligible and appealed. The Division's internal Protective Services Review Team (PSRT) reviews all cases where a timely and eligible appeal has been initiated. The PSRT overturns between forty and fifty percent of these propose to substantiate findings, for reasons such as the incident does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, substantial risk of harm is not present or clearly documented, or the alleged perpetrator is not the child's parent, guardian, or custodian. The Division's proposal to substantiate is upheld in roughly 85% of appeals heard by an Administrative Law Judge.

Substantiation rates declined from between 14% and 17% during FFY 2003 and FFY 2004, to 11% in the period of October 2004 through March 2005. Preliminary data from the second half of FFY 2005 suggests the substantiation rate will remain around 11%. Arizona's substantiation rate is affected by the State's appeal process and other factors. One factor is that many reports for CPS investigation identify a substance exposed newborn (SEN). In Arizona, prenatal exposure to drugs or alcohol is not substantiated as abuse or neglect in the absence of medical documentation to indicate the child suffered harm from the exposure (such as a medical condition or withdrawal symptoms resulting from the exposure), or other indications of neglect of the newborn child. The Division's strategies for improving safety and risk assessment and case documentation are expected to affect the accuracy of substantiation findings as an indicator of whether abuse or neglect that meets State statutory definitions did in fact occur.

Recurrence of Maltreatment

Arizona's NCANDS and Practice Improvement Case Review data on recurrence of substantiated maltreatment shows strong achievement on this performance measure. Arizona's NCANDS data continues to indicate that the State is exceeding the former national standard of 93.9%. Data for FFY 2005 indicates that 96.9% of children with a finding of substantiated maltreatment during the first six months of the year did *not* have another finding of substantiated maltreatment within a six month period.

Ninety-eight percent of investigation cases reviewed during the Practice Improvement Case Review in 2005 were rated strength in this area. Only 15 (14%) of the 110 investigation cases had a substantiated report of maltreatment within the period under review. Of these, only two had another substantiated report within the prior or subsequent six months. Data is also gathered on the total number of reports received during the six month period under review, including those that are unsubstantiated. Seventy six percent of the 110 investigation cases reviewed during 2005 had only one report during the period under review, 20% had two reports, and 4% had three reports. Many of these cases did have additional reports received prior to the period under review.

The percentage of cases in this small sample with a finding of substantiated maltreatment is consistent with the State's substantiation rate identified earlier in this report. This relatively low rate of substantiated reports affects the State's data on recurrence of maltreatment. The Practice Improvement Case Review has found that children are sometimes the subject of repeated reports that are not substantiated, and therefore not included in the statistic on recurrence of maltreatment. In some cases the

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repeat reports indicate potential rather than actual maltreatment, which can not be substantiated. However, it is probable that some children with repeat unsubstantiated reports are experiencing recurrent maltreatment. The Division is working to improve safety and risk assessment, documentation of assessments, and clinical supervision. These improvements are expected reduce repeat maltreatment and increase the Division's ability to accurately identify and substantiate when maltreatment has occurred.

Incidence of Child Abuse and/or Neglect in Foster Care

Data on incidence of substantiated maltreatment by an out-of-home caregiver also shows strong achievement by Arizona. According to the State's NCANDS data, the percentage of children in care who did *not* have a substantiated incidence of maltreatment by a foster care or licensed facility provider was 99.9% in FFY 2003, 99.83% in FFY 2004, and 99.86% in FFY 2005. Nineteen children were the subject of a substantiated finding of maltreatment by an out-of-home caregiver in FFY 2005, compared to 22 in FFY 2004, and 11 in FFY 2003. Arizona continues to exceed the former national standard of 99.43%.

Child Fatalities

The Department entered after investigation substantiated findings of child death due to abuse or neglect in relation to 24 children in SFY 2005. Reports alleging death of a child by abuse or neglect are accepted whether or not there are surviving siblings. Eleven of these 24 cases were categorized as death due to neglect and 13 as death due to abuse. Eighteen (75%) of the children were male, and six (25%) were female. Twenty (83%) of the children were age three or younger at the time of death, three (13%) were age five or six, and one child (4%) was age nine. Fourteen of these children died from severe physical abuse (including shaken baby syndrome and other types of injuries) by the child's mother, father, other male caretaker in the home, or an unknown person. Abuse by a step-father or non-related male caretaker was much more common than abuse by the biological father, but it was also noted that in most of these cases the biological father was not in the home and may not have had frequent contact with the child. None of the children died as a result of abuse or neglect by and out-of-home caregiver. The Division had received prior reports of child maltreatment on roughly 40% of these families.

The Division is working with two child welfare National Resource Centers to improve safety assessment, safety planning, and strength and risk assessment so that CPS Specialists and community partners will be better able to identify and protect unsafe children. In addition, the Department's prevention and early intervention programs, such as Healthy Families and Family Connections, provide education and supportive services to reduce family stressors that may precipitate physical abuse or neglect. Healthy Families serves families with young children to ease the adjustments that are required in this stage of family development.

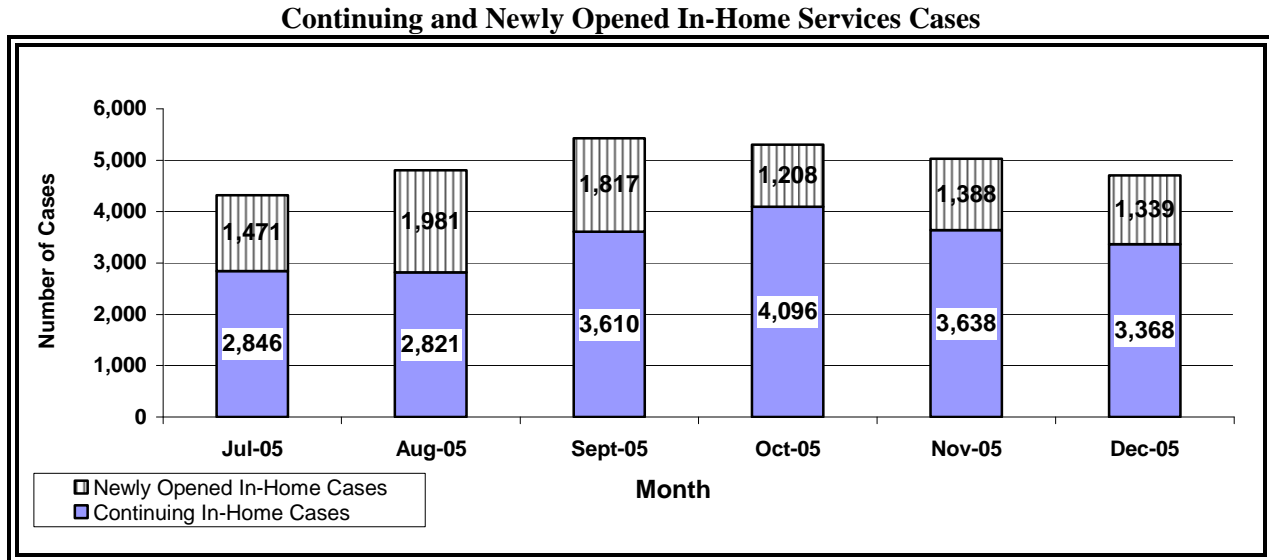
For more information on child fatalities in Arizona, including the activities and findings of the Arizona Citizen Review Panel and the Child Fatality Review Program, see Section VII, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

Cases Opened for In-Home or Out-of-Home Services

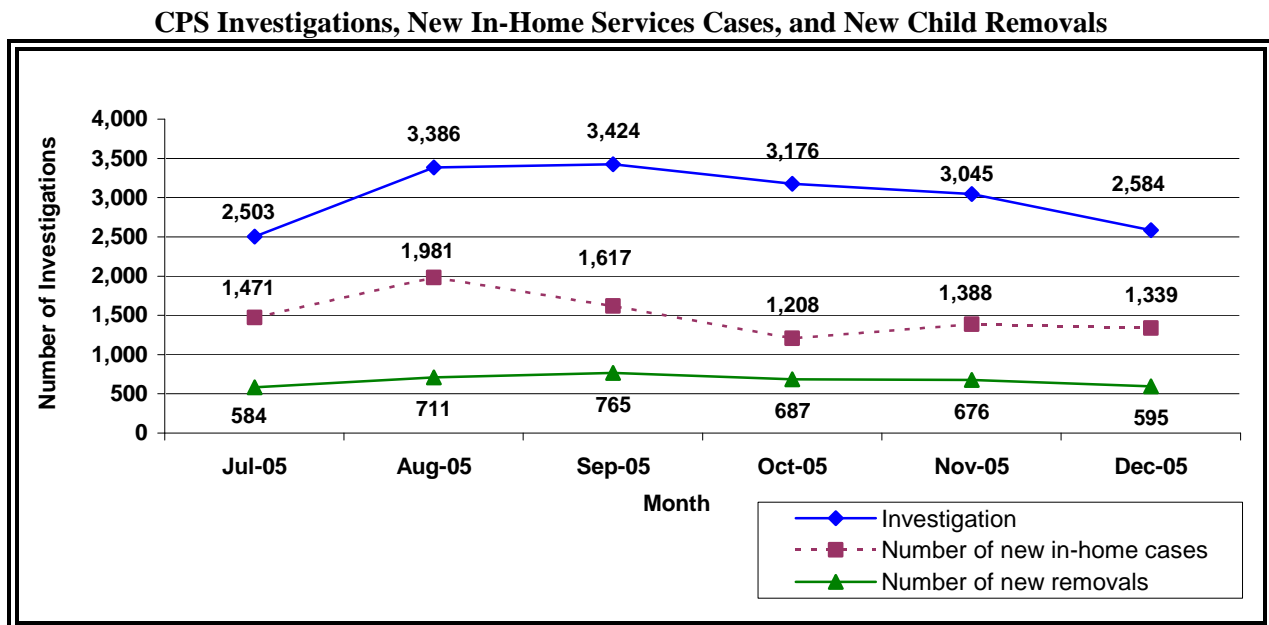
Provision of in-home services to support the safety and well-being of children as an alternative to out-of-home care is a top priority of the Department. To monitor progress toward reducing the number of children in out-of-home care and utilization of in-home services, the Division is tracking the monthly numbers of new and continuing in-home cases, new and continuing child removals, and total number of children in out-of-home care.

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In-home cases are defined as those in which services are being provided and no child in the family has been removed from the home. The Division continues to serve many families with all children remaining in the home. The total number of in-home cases served was 4,317 in July 2005; rose to a high of 5,427 in September 2005; and decreased to 4,707 in December 2005. The following chart shows the numbers of continuing and newly opened in-home cases in the months of July through December 2005.



The following chart shows the number of CPS investigative assessments, new in-home cases opened, and new child removals between July and December 2005. The number of new removals in this chart can include multiple removals of the same child within the given month and does not provide a unique count of children removed. Furthermore, every child removed in a family is counted. Therefore, the number of new *families* served through out-of-home services is much lower than the number of new removals.



This data indicates that the number of new families served via in-home services increased as a proportion

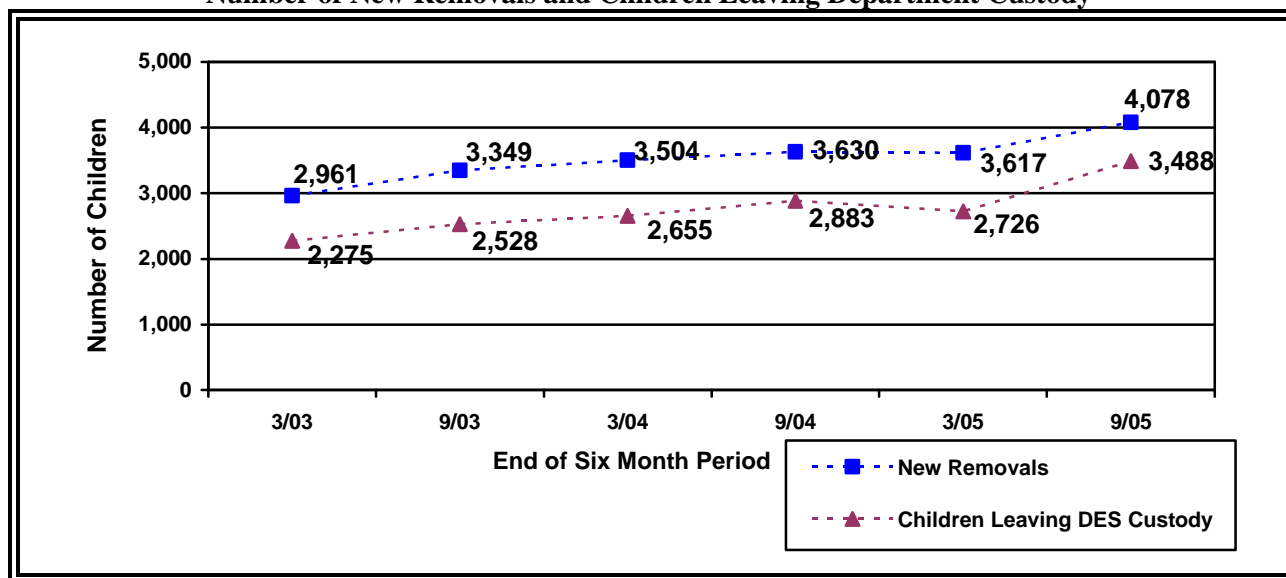
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of investigative assessments conducted in November and December 2005. Between July and October 2005 there appeared to be a relationship between the number of investigative assessments conducted and the number of new in-home cases opened. However, this relationship was not present in November 2005 when the number of investigations dropped and the number of new in-home cases rose. Similarly, in December 2005 the number of investigations dropped 15%, but the number of new in-home services cases only dropped 3.5%. This data suggests progress toward the Division's strategy of increased reliance on in-home safety and treatment services. The Division will continue to monitor this data to see if the positive trend continues.

Data on the number of new child removals also indicates a peak in September 2005 followed by significant reductions in October, November, and December 2005. New removals reached a low of 595 in December 2005. Preliminary data for the months of January through April 2006, indicates the number of new removals rose again in January, and has fluctuated in the low to mid 600s during these months.

Arizona has successfully worked to increase the number of children discharging from Department custody, but during FFY 2005 the number of new removals continued to be larger than the number of discharges. The following chart shows the numbers of new removals and children leaving DES custody in the six month periods ending March and September of 2003, 2004, and 2005. This data was initially published in the Division's *Child Welfare Reporting Requirements Semi-Annual Report* and counts a child only one time, regardless of the number of times the child was removed during the reporting period.

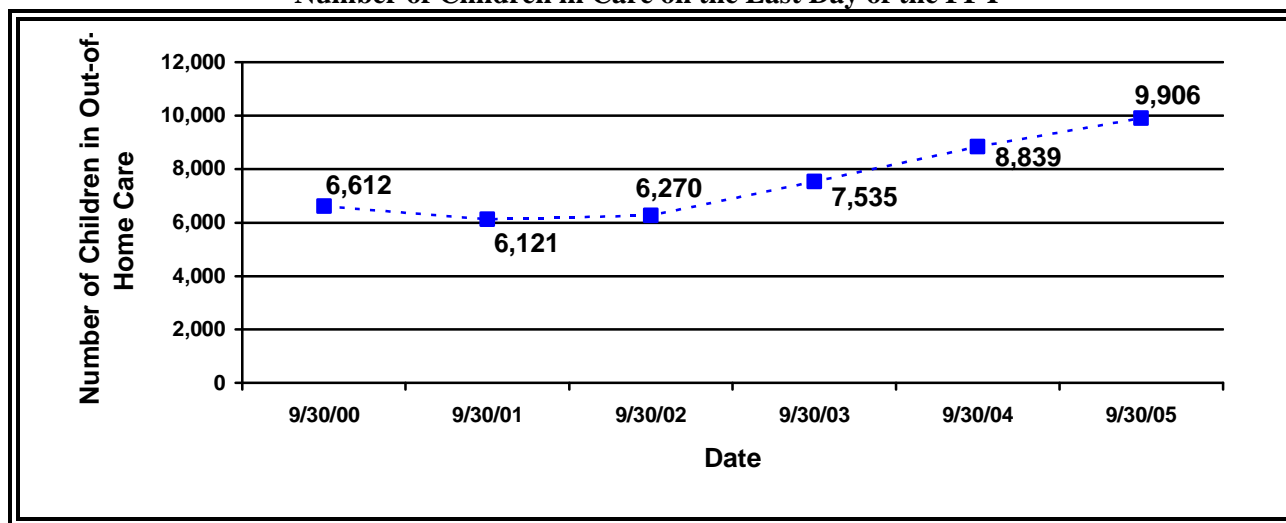
Number of New Removals and Children Leaving Department Custody



According to the State's AFCARS data, 9,906 children were placed in out-of-home care on September 30, 2005 – a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. However, the annual rate of increase has slowed from a high of 20% in FFY 2003 to 12% in FFY 2005. Preliminary data suggests the number of children in out-of-home care has stabilized in the first half of FFY 2007. This data indicates that 9,930 children were in out-of-home care on March 31, 2006, which is a 0.2% increase from September 30, 2005. The following chart shows the number of children in out-of-home care on the last day of FFYs 2000 through 2005.

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Number of Children in Care on the Last Day of the FFY



The Division is encouraged by the recent data that suggests an increasing proportion of families receiving an investigative assessment are receiving in-home services, and that foster care population growth has dramatically declined and nearly disappeared. Although the Division anticipates it will not meet its June 30, 2006, target of reducing the number of children in out-of-home care by 5% (to 9,359 children), it does appear that the Division's strategies are beginning to have the desired result. The Department anticipates that ongoing expansion of Team Decision Making and in-home services, units and Specialists will cause the number of discharges to surpass the number of new removals, resulting in a decrease in the population of children in out-of-home care.

PART 2: PERMANENCY

A. Program or Service Description

1. Time Limited Reunification Services

Arizona Families F.I.R.S.T (Families in Recovery Succeeding Together)

The mission of Arizona Families F.I.R.S.T. (AFF) is to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. This is accomplished through the provision of family-centered substance abuse and recovery support services to parents whose substance abuse is a significant barrier to maintaining or reunifying the family.

Arizona Families F.I.R.S.T. is available provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Services are available statewide. Interventions are provided through contracted community providers in outpatient and residential settings. Specific modalities include educational, outpatient, intensive outpatient, residential treatment, and aftercare services. In addition to the traditional services, AFF includes an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, transportation and housing; and an aftercare phase to manage relapse occurrences. Several residential providers also allow children to remain with their parent during treatment. Essential elements based on family and community needs are incorporated into the service delivery, such as culturally responsive services, gender specific treatment, services for children, and motivational interviewing to assist the entire family in its recovery.

The Division considers parental substance abuse when conducting safety and risk assessments. More than 11,700 individuals have been referred to the AFF program since its inception in March 2001. The program continues to experience steady growth in program referrals with 3,851 individuals referred in FY 2005. According to the 2005 AFF Program Annual Evaluation report, 3,090 clients received treatment and support services in FY 2005. The clients served are predominately female (73%), relatively young (average of 30.95 years), and nearly 60% of participants possessed at least a high school diploma or GED. There are fewer persons of Hispanic/Latino or Native American origin, and more African-Americans, than in the general Arizona population. This would suggest that the manner in which treatment services are provided to AFF clients should be culturally appropriate and gender sensitive.

In FY 2005, the AFF Program worked toward the following goals: (1) to promote recovery from alcohol and drug abuse for program participants; (2) to reduce the recurrence of child abuse and neglect of program participants' children, and (3) to establish permanency for the children of program participants. Through extraordinary inter-agency coordination, AFF has created structures that support training, issue resolution, stakeholder involvement, communication, and system of care reforms. These efforts and the provision of substance abuse screening, assessment, and treatment services are supporting achievement of the identified programmatic goals and desired outcomes. Arizona State University, Center of Applied Behavioral Health Policy, continues the programmatic evaluation and efforts enhance the overall program evaluation and data collection strategies. Data analyzed from the most recent program evaluation indicates:

- In FY 2005, 3,851 individuals were referred for screenings and assessments for substance abuse treatment. The number of program referrals clearly demonstrates that CPS case managers are

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identifying substance abuse treatment as a need for the families with whom they work.

- Children throughout the State whose parents have been engaged in AFF services were safe and reunited with their parents at rates that exceeded state averages.
- Individuals engaged in the AFF program received effective help that has facilitated a reduction in use and or abstinence from illicit substances and abuse of alcohol.
- Throughout the state, individuals experiencing difficulties with substance use and child neglect or abuse were engaged in treatment services at impressive rates.
- Individuals engaged in AFF services received a complimentary set of services from this program and the publicly funded behavioral health system. For many of these individuals the AFF program facilitated access to behavioral health treatment services and supports.

AFF has prioritized several program improvement strategies to enhance practice at the provider level. Mechanisms for oversight include quality improvement site visits and utilization of process data collected by the program evaluator. Strategies include:

- increasing the use of evidenced based and effective treatment strategies, particularly to treat methamphetamine users;
- contractual enhancements to further support best practices, in addition to procedures to improve data integrity and performance measures;
- integration of multi-systemic planning that incorporates family centered practice principles such as participation in Child and Family teams or Adult Teams to ensure consideration of the needs of the family, including children, are considered in service delivery;
- utilization of strategies that support client engagement including face to face contact when other methods have been unsuccessful; and
- consistent oversight of program process performance measures to facilitate a reduction in days from referral to outreach (24 hours); successful outreach to assessment (5 days); and assessment to first service.

Efforts to engage stakeholders in the vision of AFF continued in FY 2006. Each provider participated in or facilitated local collaborative groups. This process contributed to increased knowledge of community resources. In some areas these collaborations developed into the formation of local teams that worked together to address the needs of families across systems. These collaborations have resulted in service delivery that meets local community need. For example, in Maricopa County the AFF provider actively participates in Team Decision Making. Through this collaboration, levels of engagement have increased for the AFF program, in addition to providing child welfare staff expertise in the area of substance abuse and immediate access to needed treatment services.

As included in the Governor's reform efforts, "replication" of the AFF program continued in several areas throughout the State. This partnership resulted in the expansion of fiscal resources to serve this population, thereby increasing the numbers of families served outside the AFF program. These families received enhanced services such as engagement strategies, communication/coordination with CPS, and supportive services. Over 550 individuals were referred through this mechanism between July 2005 and March 2006.

Finally, the program is providing leadership and coordination in offering statewide training on methamphetamine by experts in the field. Twenty five training sessions in multiple locations across the state commenced in March to further develop and strengthen our CPS response. This training will be

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instrumental in increasing the Division's awareness of the consequences of methamphetamine abuse and to building our skills in engaging and providing intervention for these seemingly difficult clients.

Housing Assistance

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency, and at least one child in the family is involved in an open CPS case. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits, and utility arrearages. Housing assistance payments can only be made if other community resources are not available.

This program is available to families statewide, and continued to serve families in FY 2005. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. The most current data available demonstrates the Housing Assistance Program continues to support permanency, serving many children and families.

In SFY 2005:

- The Housing Assistance Program aided in the reunification or permanent placement of 1,510 children within 566 families, statewide—an increase from the 809 children and 318 families served in FY 2004.
- The total amount expended statewide increased from \$417,744 in FY 2004, to \$720,137 in FY 2005.
- An estimated \$6,704,400 would have been expended by the Division for foster care maintenance if the 1,510 children who benefited from Housing Assistance during SFY 2005 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the State Fiscal Year Housing Assistance Program Expenditures of \$720,137, there is a State Fiscal Year cost avoidance of \$5,984,263.

The Expedited Reunification IV-E Demonstration Project

In July 2005, the U.S. Department of Health and Human Services, Administration for Children and Families, granted Arizona a waiver to conduct a child welfare demonstration project using Title IV-E funds. The State will deliver comprehensive in-home and community based services that will: (1) facilitate earlier reunification of children in congregate and licensed foster care settings with their parents, custodians, or guardians; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The Expedited Reunification Program will provide a wide range of services including counseling, family centered assessment, team decision making, parenting skills training, home management skills, referral to other services such as substance abuse treatment, supportive links to community resources, discharge and aftercare planning, and availability of flexible funding to meet the individual needs of families. The Title IV-E waiver will be implemented in two phases, with Phase 1 occurring in three selected sites within Maricopa County. Service contracts for the program were awarded in March 2006. Partnership meetings occur every two weeks. The first family was referred to the project in April 2006; and as of June 2006 there were eighteen families receiving services through the project.

2. Out-of-Home Children Services

Permanency Planning

Permanency planning services are provided for all families who are the subject of an ongoing services case with CPS. Case managers engage parents, children, extended family, and service team members to facilitate the development and implementation of a written case plan. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Family Act requirements. In most cases the initial goal is Family Reunification. If reunification is not successful within the timeframes identified in federal and state law, adoption or guardianship may be considered. All other permanency options must be fully considered before implementing a permanency goal of Long-term Foster Care or Independent Living. Concurrent planning is also required in cases where there is a poor prognosis of reunification within twelve months of removal.

Case managers use the State's *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* and *Strengths and Risks Assessment Tool* to gather and evaluate information from family members. The *Interview Guide* provides questions for case managers to ask families when gathering information to assess the family's strengths and functioning in each risk domain. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. Use of the *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. Case managers arrange and monitor services to address risks within the home, maintain family relationships, and support timely achievement of the permanency plan; facilitate information sharing among team members; and report progress and barriers to the Juvenile Court and Foster Care Review Board (FCRB).

Placement and Placement Support

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or foreseeable and unmanageable risk of maltreatment. Placement services promote safety, permanency, and child and family well-being through supervision and monitoring of children in out-of-home placement, and support of the out-of-home caregiver's ability to meet the child's needs. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* and *Strengths and Risks Assessment Tool*, Team Decision Making meetings, Child and Family Teams, and Family Group Decision Making meetings are used to identify caregivers, services, and supports to meet each child's needs. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, and attorneys. Among other information, the written case plan identifies the child's educational, physical health, and mental health needs, and services to the child or caregiver to address those needs.

Placement types include licensed or court approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. Also, by court order, a child may be placed with an unlicensed person who has a significant relationship with the child. Placement with kin and siblings is preferential and given priority. Arizona's Kinship Foster Care program requires kin be sought and considered first when an out-of-home placement is necessary for a child. The Division informs potential kinship foster care parents of financial and non-financial services available to them, offers a grievance process when placement of the child in the home is denied by the Division, and expedites kinship foster care applications for TANF child-only assistance. Kinship foster

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care parents are encouraged to apply for foster parent licensing, which enables the kin to receive the same foster care payment rate as non-kin licensed foster parents. Kin are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents. The Division provides and facilitates other support and training to kinship foster care families directly or in partnership with contracted provider service agencies or community resources.

Behavioral health and other services are available following placement. All children are referred to the Regional Behavioral Health Authority (RBHA) upon removal from home, triggering an initial assessment within 24 hours. A mental health professional meets with the child and talks to the caregiver, the case manager, and the parents if available. The child's mental health needs, including placement support needs, are assessed and a next service appointment is set at the initial contact. This service assists the case manager in assessing and addressing the child's and caregiver's urgent needs, while awaiting completion of a comprehensive assessment. The child's placement needs are continually reassessed throughout the placement in out-of-home care, and as new information becomes available. CPS Mobile Teams are also available in District 1 (Maricopa County). Each team is assigned 15 to 18 children who require a higher level of care, are experiencing placement instability, or have extraordinary mental health needs. The team meets with the child upon assignment, in order to know the child prior to a crisis occurring. If a crisis develops, the child and team are familiar with each other and are therefore more able to assess and deescalate the crisis.

Phoenix's Lodestar Family Connections Center opened in May, 2004, to support permanency and placement stability. This center is a public-private partnership dedicated to the creation and preservation of adoptive, foster, kinship, and guardianship families. The Center provides a place for families to gain access to information and community professionals who can help them build happy, healthy families. All of the Center's activities are geared toward families parenting children other than birth children. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, what to look for in a behavioral consultant, and behavioral diagnosis.

In FY 2006 the Division participated in the Breakthrough Series Collaborative (BSC) on Kinship Care, sponsored by Annie E. Casey Foundation. This project's pilot site generated 25 activities to support kinship caregivers in various ways. These included training of CPS staff and attorneys and judges on sensitivity to the special issues of kinship caregivers, and development of more kinship-oriented State policy. The Arizona BSC Team has made presentations on the project to Department managers, Division management, and District managers and staff. In FY 2007, the Division will continue to spread learnings from the Kinship Care BSC by conducting an in-person survey with kinship caregivers in all districts; seeking to connect all kinship caregivers with their nearest kinship caregiver support group; identifying kinship caregivers who are not getting TANF, determining the reason, and assisting them to apply if they choose; and developing packets of localized resource information for kinship caregivers and staff. These activities are well under way in District III, have begun in District V, and will spread to District VI in the summer of 2006. Additionally, the Division has begun to develop a one and a half hour module on kinship care to be included in initial CPS Specialist training beginning September, 2006.

3. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. Relatives and foster parents who are able to meet the child's needs are

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given placement preference. Contracts for foster care and adoption home study, recruitment and supervision include incentives:

- for the placement of sibling groups and/or a child age ten or older;
- for each newly licensed/certified ethnically diverse foster/adoptive family;
- for the adoptive placement of a child whose ethnicity is over-represented in the foster care system;
- for each newly licensed foster home; and
- for each newly certified adoptive home.

Adoption promotion and support services include: placement of the child on the Central Adoption Registry; assessment of the child's placement needs; preparation of the child for adoptive placement; recruitment and assessment of adoptive homes; selection of an adoptive placement; supervision and monitoring of the adoptive placement; and application for adoption subsidy services.

Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family and child visits and facilitation of post-placement visitation with siblings. Adoption promotion and support services also include post-adoption individual, group, or family counseling services for adoptive children, adoptive parents, and the adoptive parents' other children. These counseling services supplement the services that are available through the Title XIX mental health system. Services are provided by contracted providers who are experts in the field of adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some services, such as specialized counseling, may be more readily available in some areas.

The Department did not receive adoption incentive bonus dollars in FY 2005. If adoption incentive funds are received in FY 2006 they will be used to support adoptive home recruitment contracts, as they have in past years.

Cross-jurisdictional Placement Resources

Arizona utilizes an array of interstate resources in order to expeditiously locate permanent homes for children across jurisdictional lines. These include The Adoption Exchange Association's AdoptUsKids, internet resources like Adoption.com, features on nationally syndicated programs, publications such as the *Arizona Adoption Exchange Book*, quarterly newsletters to Arizona's licensed foster parents and parents receiving adoption subsidy benefits, and listing on the CHILDS Adoption Registry. The Department recruits homes through informational booths at a number of conferences and community events which attract large and diverse participants. Arizona Adoption and Foster Care Coalition (AFCAC) members identify adoptive homes for children legally free for adoption, statewide, by sharing during their monthly meetings information about children free for adoption and families wanting to adopt children. In addition, children free for adoption are being featured in newspapers around the state such as the Arizona Daily Star, the Arizona Republic, the Arizona Daily Sun, and the Tatum Sun Times. Children have been featured on television news shows in Maricopa County and Flagstaff, on a weekly statewide series called Sonoran Living, and some features on the Spanish language Univision.

The Division continues to encourage staff to use an array of interstate resources to locate permanent homes for children across jurisdictional lines. Adoption Promotion funds are available to all staff, statewide, to provide transportation services to encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Division will continue to encourage staff to use this resource.

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Adoption Subsidy

The Adoption Subsidy program subsidizes adoptions of special needs children who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders; age; sibling relationship; or racial or ethnic background. The physical, mental, or emotional disorders may be a direct result of the abuse or neglect the children suffered before entering the child welfare system. Services include monthly maintenance payments, eligibility for Title XIX services, reimbursement of services rendered by community providers, crisis intervention, case management, and information and referral.

The number of children served grew from 7,454 children and 4,897 families on September 30, 2004, to 8,224 children and 5,442 families on September 30, 2005. The number of children and families eligible for and utilizing Adoption Subsidy, and the rate of program growth, continue to increase. In FY 2005, 770 new adoptions were subsidized. The net program increase was 10.3 percent in FY 2005, up from 8.8 percent growth in FY 2004. On March 1, 2006, the adoption subsidy program was serving 8,731 children and 5,773 families, a growth of 507 children and 6.2 percent in just six months. From September 2004 through September 2005 the Department reimbursed \$817,469 of nonrecurring adoption expenses for 754 completed adoptions.

During FY 2006 the Department worked to improve Adoption Subsidy procedures and services. Some of these projects will continue into FY 2007. For example:

- The Department continued to revise Adoption Subsidy rules and policies. Policy is being streamlined and reorganized to be more efficient.
- The rate evaluation form is in the process of being revised to better reflect the amount of care and supervision children require, and the use of time and expense that families incur in caring for their special needs children.
- The Adoption Subsidy Title IV-E and State Agreement were combined, and is pending management approval. Work on this project continues.
- Orientation and education for new adoptive families is being improved to enhance adoptive families' understanding of the Adoption Subsidy program. The changes are expected to be complete in FY 007.
- Adoption Subsidy staff collaborated with staff from the Regional Behavioral Health Authorities and participated on Child and Family Team meetings to coordinate services to meet the mental/behavioral health needs of adoptive children.
- Adoption Subsidy staff participated in the November National Adoption Day celebrations in Tucson and Phoenix.
- The Lodestar Family Connections Center in Phoenix and the K.A.R.E. Family Center in Tucson continue to be valuable post-adoption resources used by families. The Division continues to identify new community resources for all children eligible for adoption subsidy, especially sibling groups, ethnic minority children, and children over the age of ten.
- The Division provided training to foster and adoptive parents, case managers, and community agencies throughout FY 2006. The Department sponsored the Children Need Homes Conference

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in October 2005, utilizing national speakers to address issues relevant to adoptive parents of special needs children. Training requested by field staff and community agencies was provided statewide.

Inter-country Adoption Act of 2000 (ICCA)

The ICCA seeks to ensure that inter-country adoptions are in the child's best interests and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the Federal Government to assist United States citizens seeking to adopt children from countries subject to the Convention. According to the National Adoption Information Clearinghouse website, 282 children entered the United States with the intent of being adopted in Arizona during 2003. Case information was reviewed for each child served in out-of-home care during FFY 2005 that was identified in CHILDS as having been previously adopted. This review identified three children who entered out-of-home care in FFY 2005 and were previously adopted from outside the United States. All of these children had severe mental health issues, required residential treatment, and were believed to have suffered severe abuse and/or neglect prior to being adopted. One child was adopted from Russia at age ten and entered out-of-home care in Arizona at age twelve. The current goal for this child is adoption. The Department has been unable to obtain the name of the agency that facilitated this adoption. The second child was adopted from Russia at age six and was almost fifteen years old when he entered out-of-home care in Arizona. The adoptive mother reported the adoption agency was Global Adoption, located in Arkansas. The current goal for this child is independent living. The third child was adopted from Haiti and was age thirteen when she entered foster care in Arizona. The current goal for this child is long-term foster care. The adoptive mother reported that the adoption was arranged by an agency in Haiti named Precious in His Site and previously named Maison des Enfants De Dieu. Children adopted from other countries who enter the Arizona child welfare system receive the same services as any other child in out-of-home care.

4. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody, and control of the Department. These are children for whom reunification and adoption has been ruled out as unachievable or contrary to the child's best interest. Medical services are provided to Title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of services. Many of the permanent homes supported by Subsidized Guardianship are kinship placements.

This program is available statewide to children exiting out-of-home care to permanent guardianship. The number of children exiting out-of-home care to guardianship increased from 600 in FFY 2003, to 729 in FFY 2004, and to 835 in FFY 2005. The number of children receiving guardianship subsidy benefits continues to rise—from 1,125 on September 30, 2004; to 1,343 on July 31, 2005; and to 1,526 on March 31, 2006. Program Expenditures for SFY 2005 were \$3,938,000; and were \$2,754,000 from July 2005 through January 2006.

The Division is gathering information to assess the types of families served and whether this program is achieving outcomes of placement with kin and siblings. Beginning in December 2005 monthly data reports were expanded to track program participation by ethnicity, relationship of caregiver to child, placement of siblings groups, and age of children. The participation rate in the program continues

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to increase, with approximately 20 new permanent guardian subsidies approved each month. Approximately 90% of the guardians in the program are related to the child and 10% of the guardians are not relatives. The lack of an appropriation for rate increase resulted in the daily subsidy rate remaining the same. While an increase in the monthly subsidy rate is desirable, 90% of the guardians are receiving more financial assistance through the program than they received while the child was in their care as a ward of the court.

Independent Living and Transitional Independent Living

The Independent Living Program provides training and financial assistance to children in out-of-home care who are making the transition from adolescence to adulthood. Youth served under the Independent Living Program are currently in out-of-home care, in the custody of the Department. Approximately 12% of the children in out-of-home care on September 30, 2005, had a permanency goal of independent living. This percentage is down slightly from September 30, 2004, when 15% of children in out of home care had a goal of Independent Living. The number of youth served by Arizona's Independent Living Program has increased from 1,012 on September 30, 2004, to 1,170 on September 30, 2005.

Young adults served under the Transitional Independent Living Program are former foster youth, ages 18 through 20, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During FFY 2005, approximately 100 former foster youth were served by this program. Outreach efforts continue to increase public awareness of the Transitional Independent Living Program.

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, which was implemented in FY 2000. YATI is a Medicaid program operated by the AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 21, regardless of income. Approximately 200 additional youth who reached the age of 18 while in foster care during the last year will benefit from this program.

Education and Training Vouchers

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to eligible youth up to age 23 years. In accordance with the current state Chafee Foster Care Independence Program (CFCIP), a youth may apply for assistance through the State ETV program if the youth:

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

For additional information and a complete description of the year's accomplishments in the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs, please see the *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress and Services Report*, in Section IV of this document.

B. Outcomes, Goals, and Measures of Progress

In order to integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Annual Progress and Services Report, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. The target percentage for all the CFSR goals is the standard for substantial conformity during a Child and Family Services On-site Review, and is therefore a long-range goal representing a very high standard of practice. The Department is continuing all of the permanency related outcomes and goals listed in the Child and Family Services Annual Report submitted in June 2005, with the exception of last year's goal of decreasing the number of children served in congregate care by 5% (Permanency Goal 1.7). This goal has been replaced with Permanency Goals 7, 8, 9, and 10; which measure reductions in the number of children in congregate care by age group and type of placement.

Progress toward achieving most of the State's permanency outcomes and goals is measured using the Practice Improvement Case Review, which is fully described in Section III, Part 4, of this document. The Practice Improvement Case Review process was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1, 2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005, using the new procedures. Cases reviewed in 2005 cover a combined period under review of 7/1/04 through 12/31/05. For more information on the Practice Improvement Case Review, see Section III, Part 4, subsection A.3., *Quality Assurance System*.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Permanency Goal 1:	The percentage of cases where the child's permanency goal is appropriately matched to the child's needs will be 95% or more
	Quarter ending 6/04: 89%
	Calendar year 2005: 83%
Permanency Goal 2:	a. The percentage of cases with a goal of reunification, guardianship, or permanent placement with relatives where the goal was or is likely to be achieved within required timeframes (12 months from removal for reunification), or delays are justified, will be 95% or more
	Quarter ending 6/04: 64%
	Calendar year 2005: 86%
	b. Of those children who exited out-of-home care to reunification, the percentage who were in care for 12 months or less will be 76.2% or more
	AFCARS FFY 2004: 83.57%
	AFCARS FFY 2005: 81.67%
Permanency Goal 3:	Of those children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 32% or more
	AFCARS FFY 2004: 37.91%
	AFCARS FFY 2005: 34.05%

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Permanency Goal 4:	Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage where other goals have been appropriately ruled out and services are provided to achieve the goal will be 95% or more
	Quarter ending 6/04: 100%
	Calendar year 2005: 100%
Permanency Goal 5:	a. The percentage of cases where the child has <i>not</i> re-entered out-of-home care, for the same reason, within 12 months of a prior discharge will be 95% or more
	Quarter ending 6/04: 97%
	Calendar year 2005: 100%
	b. The percentage of children who have <i>not</i> re-entered out-of-home care within 12 months of a prior discharge will be 91.4% or more
	AFCARS FFY 2004: 90.3%
	AFCARS FFY 2005: 91.1%
Permanency Goal 6:	a. The percentage of cases where the child has placement stability will be 95% or more
	Quarter ending 6/04: 86%
	Calendar year 2005: 87%
	b. Of children who have been in out-of-home care 12 months or less, the percentage who have had two or fewer placements will be 86.7% or more
	AFCARS FFY 2004: 84.6%
	AFCARS FFY 2005: 85.8%
Permanency Goal 7:	By June 30, 2006, the number of children served in institutional, shelter, and group care will decrease by 10%
	6/30/05: 2,124
	3/31/06: 1,802 (15% decrease)
Permanency goal 8:	By April 30, 2006, no children ages 0 to 6 will be placed in a group home (excluding infants placed with their teen mothers and children placed in GAP Ministries, a licensed child welfare agency that uses a foster-parent model)
	12/31/05: 67
	3/31/06: 42
Permanency Goal 9:	By July 31, 2006, no children ages 0 to 3 will be placed in a shelter care facility other than for a reason that is clearly in the best interest of the child (such as a large sibling group or medical condition)
	6/30/05: 98
	3/31/06: 31
Permanency Goal 10:	By June 30, 2006, the length of stay of children in shelters will be reduced to no more than 21 days
	3/31/05: 1,127 children in shelter more than 21 days
	3/31/06: 838 children in shelter more than 21 days

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Permanency Goal 11:	The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more
	Quarter ending 6/04: 81%
	Calendar year 2005: 90%
Permanency Goal 12:	The percentage of cases where siblings in out-of-home care are placed together, unless contrary to the child(ren)'s best interest, will be 95% or more
	Quarter ending 6/04: 82%
	Calendar year 2005: 71%
Permanency Goal 13:	The percentage of cases where children in out-of-home care visit with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more
	Quarter ending 6/04: 61%
	Calendar year 2005: 54%

C. Fiscal Year 2006 Objectives and Accomplishments

The Child and Family Services Plan Update for 2005 identified the Division's three core objectives (strategies) to achieve safety, permanency, and child and family well-being outcomes. These systemic objectives are intended to transform the way the Division's field staff interact with families, and the experience children and families have with the child welfare system. Because these strategies change core practices, improved results are expected in all outcomes areas. The three key strategies include:

1. *Embed family-centered practice, including the family to family model, into child welfare practice and systems*

The Department believes family-centered practice and the Family to Family model will result in changes to agency culture and practices that will enable achievement of each of the State's permanency goals for more children in out-of-home care and reduce disparities associated with race/ethnicity, gender, or age in each of these goals. Development of family-centered practice skills among the Division's CPS Specialists will further support achievement of these goals. In particular, Family to Family and other family-centered practices are expected to reduce the number of children entering out-of-home care and reduce lengths of stay. Family to Family also employs a strategy of recruiting, training, and supporting resource families, which is expected to improve the frequency and quality of family visitation by placing sibling groups together and in close proximity to their families' homes. For information on the State's progress toward achieving this objective, see Section III, Part 3, *Child and Family Well-Being*; and Section IV *Foster and Adoptive Home Recruitment and Retention Plan*.

2. *Contract with community providers to increase the availability of accessible, flexible, and comprehensive services to meet the needs of children in-home*

The Department anticipates that this approach will also increase timely reunification, reduce foster care re-entry, and increase placement stability. For information on the State's progress toward achieving this objective, see Section III, Part 4, subsection A.5., *Service Array and Resource Development*.

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3. *Develop a central office Practice Improvement Unit and Practice Improvement Specialists in each district, to increase and organize strategic planning and continuous quality improvement functions*

The Department believes that self-evaluation in relation to the agency's outcomes and goals is essential to ensuring agency resources are used in a manner that achieves positive outcomes for the greatest number of children and families in need of child abuse prevention and protection services. To evaluate performance in relation to the Department's safety, permanency, and well-being outcomes and goals, Practice Improvement Case Review and aggregate data from the State's automated record system, CHILDS, is gathered and analyzed on an ongoing basis. Statewide and District *Action Plans for Outcome Achievement* are developed based on the data and stakeholder input to address areas needing improvement. Promising practices are shared for implementation in other locations. For more information on the Practice Improvement Unit, the Practice Improvement Case Review, other practice improvement activities, and progress related to this objective, see Section III, Part 4, subsection A.3., *Quality Assurance System*.

Other key strategies and progress toward permanency outcomes are described in other sections of this report. The Division recognizes that achievement of permanency and placement stability can be especially challenging for young adults. The Division has increased opportunities for young adults to provide input about agency services and practices, and has worked to make appropriate placements and services available. For information on activities to support permanency, placement stability, and maintenance of family connections for young adults see the *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress Report*, in Section VI of this document.

Services to support parents, children, and caregivers are also known to maintain family relationships, improve placement stability, and result in earlier permanency. For more information on the Division's activities and progress related to assessment, case planning, case manager contact with parents and children, and services to meet children's educational, physical health, and mental health needs, see Section III, Part 3, *Child and Family Well-Being*.

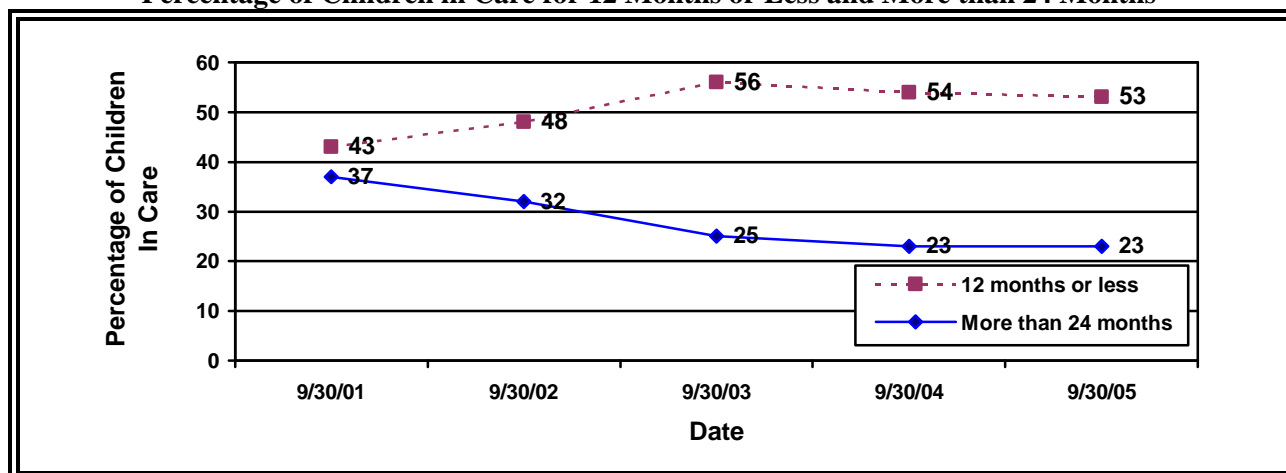
D. Analysis of Permanency Data

Foster Care Population Flow and Length of Stay in Out-of-Home Care

On September 30, 2005, 9,906 children were placed in out-of-home care, a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. However, the annual rate of increase has slowed from a high of 20% in FFY 2003 to 12% in FFY 2005. Preliminary data suggests the number of children in out-of-home care has stabilized in the first half of FFY 2007. This data indicates that 9,930 children were in out-of-home care on March 31, 2006, which is a 0.2% increase from September 30, 2005. For more information on the State's foster care population flow, see Section III, Part 1, subsection D, sub-heading *Cases Opened for In-Home or Out-of-Home Services*.

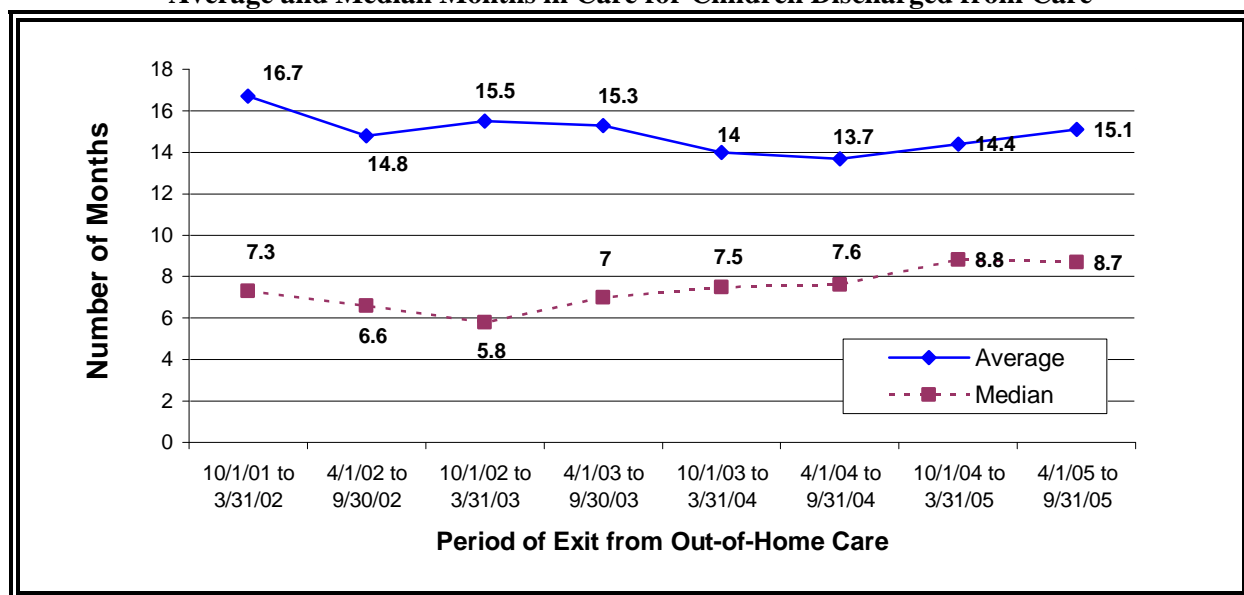
The Division monitors data on length of time in care for children in care at a point in time, and for children exiting care during a data period. The following chart shows that the percentages of children in out-of-home placement on September 30 who had been in care for more than 24 months and children who had been in care for 12 months or less have remained stable between FFY 2003 and FFY 2005. Since 2003 more than half of all children in care had been in care for 12 months or less, and roughly one quarter had been in care for 24 months or more. Further analysis reveals that of those of children who had been in care for more than 24 months, 50% had been in care between 24 and 36 months. Of children in care on September 30, 2005, 88% had been in care 36 months or less.

Percentage of Children in Care for 12 Months or Less and More than 24 Months



The following chart shows the average and median months in care for children exiting in each half of FFY 2000 through FFY 2005. The average time children spent in out-of-home care increased slightly in FY 2005, to just over 15 months, but remains below the average in FFY 2003 and the high point of 16.7 months in early FY 2002. The median length of time in care for exit cohorts is the highest since at least FY 2002, but has remained relatively stable (between 7 and 9 months) since the second half of FFY 2003. Half of the children exiting care between April 1 and September 31, 2005, had been in care 8.7 months or less.

Average and Median Months in Care for Children Discharged from Care



FFY 2005 data indicates that 15% of children who exited care during the year did so within three days or less from their removal. Data further indicates that 23% of children exited out-of-home care within a week of removal; 33% exited within a month; 79% exited within one year; and 91% of children exited within two years of removal. This data is consistent with the State's FFY 2005 data on the percentage of children exiting to reunification who do so within 12 months (81.67%) and percentage of children exiting to adoption who do so within 24 months (34.05%), and confirms that the vast majority of children exiting the system achieve permanency quickly and in accordance with ASFA timeframes. While it is positive

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that almost a quarter of children exit care within a week and a third exit within a month, this data suggests a need for further analysis to determine if placement in out-of-home care might have been prevented altogether through effective safety planning and provision of in-home services.

Placement Types and Stability for Children in Out-of-Home Care

On September 30, 2005, 35% of the children in out-of-home care were placed with relatives, 39% were placed in family foster homes, 13% in group homes, 7% in residential treatment, 2% were supported through the independent living subsidy program, 1% were on trial home visits, and the remaining 3% were on runaway status. This data suggests the agency's efforts to move children out of institutional or group care and into family settings, particularly kinship care, is having a positive effect. On September 30, 2004, 67% of children were placed with a kinship or foster family. On September 30, 2005, this improved to 74% of children in out-of-home care. There has also been an increase in the percentage of cases rated strength on the Practice Improvement Case Review kinship care item, indicating the child was either placed with kin or a thorough search for maternal and paternal relatives was conducted.

The Division has been successfully pursuing strategies to reduce the number of children in congregate care settings, particularly very young children in these settings. By March 31, 2006, the Division had reduced the number of children in institutional, shelter, or group care to 1,802. This is a 15% reduction from the 2,124 children in these settings on June 30, 2005, and exceeds the State's goal of reducing such placements by 10% by June 30, 2006.

The Division has also reduced the number of children ages birth to six years who are placed in a group home from 67 on December 31, 2005, to 42 on March 31, 2006. These numbers excludes infants placed with their teen mothers and children placed in a licensed child welfare agency that uses a foster-parent model. The number of children ages birth to three years placed in a shelter care facility other than for a reason clearly in the best interest of the child (such as keeping a large sibling group together or treatment of a medical condition) has also dramatically reduced from 98 on June 30, 2005, to 31 on March 31, 2006; and the number of children who remain in shelter for more than 21 days dropped from 1,127 on March 31, 2005, to 838 on March 31, 2006. These reductions have resulted from case specific review and identification of alternative placements, including reunification with a parent or kinship care. Greater availability and attention to child placement data has assisted administrative and supervisory staff to identify children in congregate care and monitor progress toward the Division's goals.

The number of placements experienced by children prior to discharge has maintained at a median of one since FFY 2002. From FFY 2001 through FFY 2005, the average number of placements for exit cohorts has ranged from 1.8 in the six month period ending March 31, 2004, to 2.7 in the six month period ending September, 2003. The average number of placements was 2.4 for children exiting between April 1 and September 30, 2005. The percentage of children exiting out of home care who have experienced two or fewer placements continues to show improvement. In the six month period ending September 2005, 75% of children exiting care had experienced two or fewer placements, up from 73% in the six month period ending September 2004, and 71% in the six month period ending March 31, 2004. Please note that this statistic is not comparable to the former CFSR National Standard on placement stability since this data is not limited to children in care 12 months or less.

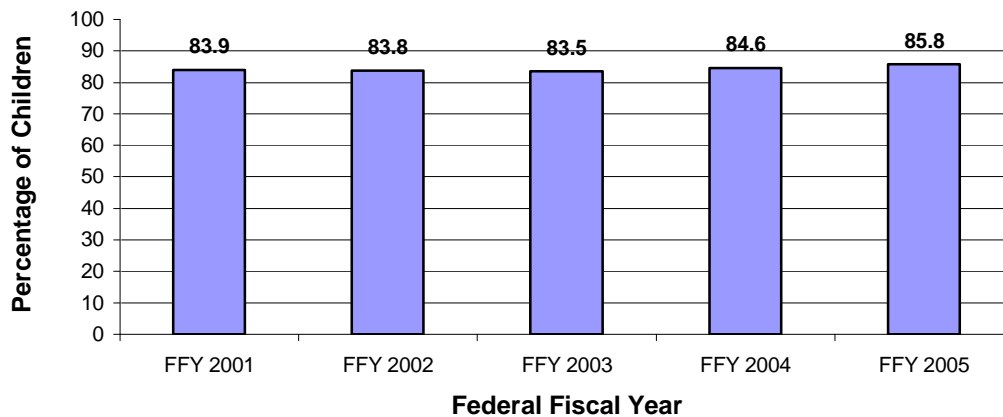
Children exiting to reunification with a parent or primary caretaker continue to be more likely than the general population to experience two or fewer placements, ranging between 81% and 84% from FFY 2001 through FFY 2005. Children exiting foster care because they have reached the age of majority are the least likely to experience two or fewer placements, ranging between 14% and 22% from FFY 2001 through FFY 2005. Of children exiting due to reaching the age of majority between April 1 and

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September 30, 2005, 21% had experienced two or fewer placements, 54% had experienced five or more placements, and the average number of months in care was 53.8.

AFCARS data indicates that of all children served during the year who have been in foster care less than twelve months from the time of the latest removal from home, the percentage who have had no more than two placement settings remained stable between FFY 2001 and FFY 2003, and increased slightly in both FFY 2004 and FFY 2005. The following chart shows the percentage of children achieving this outcome increased to 85.8 in FFY 2005. AFCARS data shows continuing improvement: to 86.3% in the twelve month period ending December, 2005; and 86.9% in the twelve month period ending March 31, 2006. In the period ending March 31, 2006, Arizona exceeded the former national standard of 86.7% for this CFSR performance area.

Percentage of Children in Care 12 Months or Less with Two or Fewer Placements



Achievement of Reunification

On September 30, 2005, slightly more than half of children in out-of-home care had a permanency goal of family reunification. An additional 6% had been in care less than 60 days and did not yet have a permanency goal documented in CHILDS. In nearly all cases, reunification is also being pursued for these children. More than half of all children served in out-of-home care by the Division also discharge to reunification.

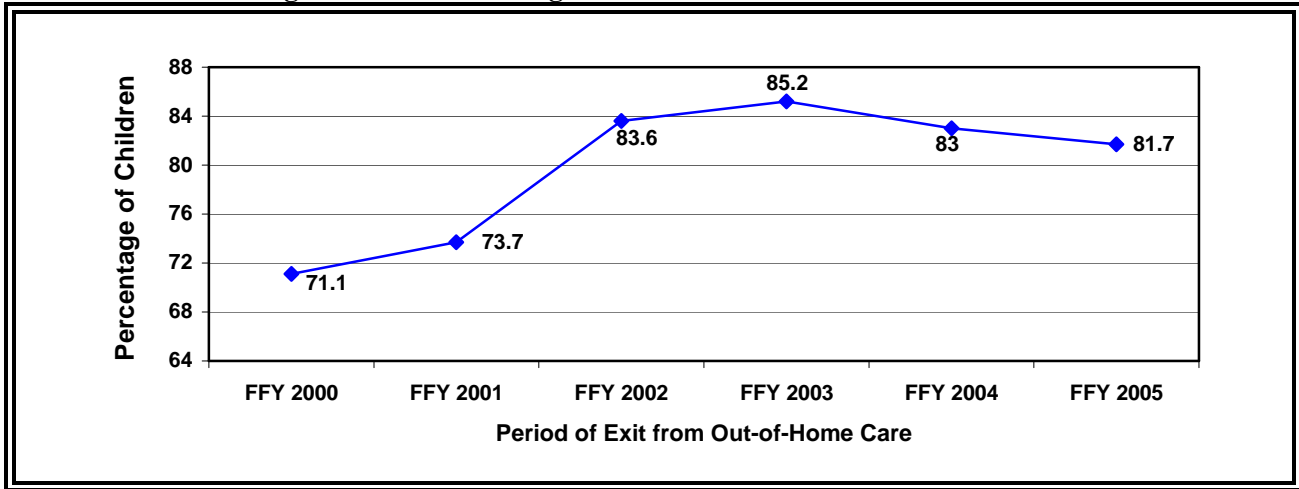
The length of time in care for children exiting to reunification has remained steady in the past year. For children exiting care in the six month periods ending September 30, 2004, and September 30, 2005, the average months in care increased from 6.3 to 6.6, and the median months in care increased from 2.3 to 2.6. As mentioned previously, 23% of children who exited care in FFY 2005 did so within one week of entry. The majority of these children exit to reunification with a parent, or to be placed by the parent with a relative. The Division expects that as safety planning, family engagement, and in-home services improve, fewer of these children will enter out-of-home care at all. This positive outcome may result in a lower percentage of children exiting to reunification within 12 months of removal.

The following chart shows the percentage of children discharging to reunification who do so within twelve months of their most recent removal. This percentage rose dramatically between FFY 2000 and

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FFY 2003, but has dropped slightly in FFY 2004 and FFY 2005. Arizona continues to exceed the former national standard of 76.2% for this CFSR performance measure.

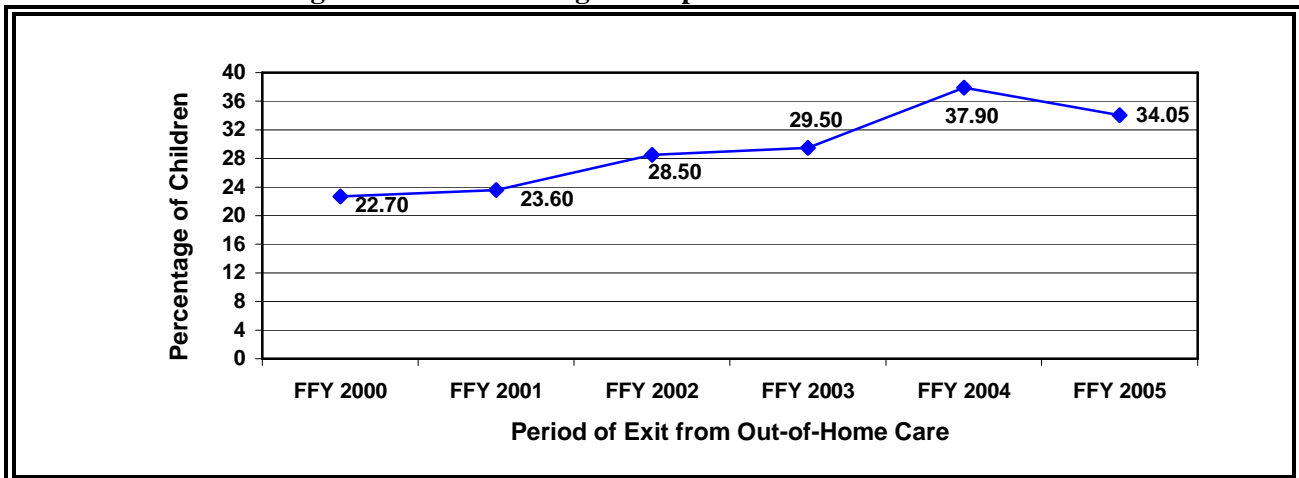
Percentage of Children Exiting to Reunification in 12 Months from Removal



Termination of Parental Rights and Achievement of Adoption

During FFY 2005 the Department gathered data to track progress toward adoption outcomes. The time in care for children exiting to adoption improved from a median of 30.5 months and an average of 34.3 months for April through September 2002, to a median of 26.8 months and an average of 29.5 months for April through September 2005. The following chart shows that the percentage of children discharging to adoption within 24 months of the most recent removal dropped to 34.05% in FFY 2005, from a high of 37.90% in FFY 2004. More recent data shows this percentage is again rising. In the twelve months ending January 2006 the percentage of children discharging to adoption within 24 rose to 35.67%. Arizona continues to exceed the former national standard of 32.0% for this CFSR performance measure.

Percentage of Children Exiting to Adoption in 24 Months from Removal



The demand for adoption promotion and support services is expected to continue growing. The number of children in out-of-home care with a goal of adoption increased from 1,699 on September 30, 2003; to 1,893 on September 30, 2004; and 2,179 on September 30, 2005. During this same period, the number of

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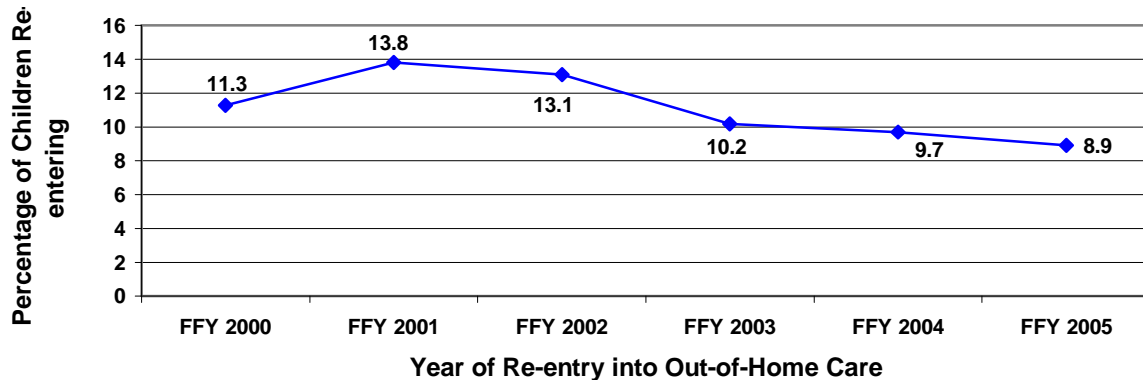
finalized adoptions increased from 839 in FFY 2003 and 753 in FFY 2004, to 1,000 in FFY 2005. The median age of children exiting to a finalized adoption remained between five and six years, and the average remained between six and seven years. The number of new adoptive homes recruited and certified this year through April 2006 was 360. While this appears to be a decrease from previous years, a discrepancy in how homes are counted was discovered and corrected so that comparison to previous years is unreliable. Of these 360 new homes, 110 include at least one non-white parent. As of April 2006 there are 715 homes available for adoptive placement.

The Division is excelling in timeliness of adoption in relation to the former CFSR national standard. Achievement of adoption within 24 months is challenging given that in all but the most severe cases termination of parental rights can not and should not be pursued until the parents have been provided reasonable time to reduce risks in the home and achieve reunification. However, the Division believes that adoption can be achieved earlier for more children who exit to this permanency outcome. Practice Improvement Case Review results found that motions to terminate parental rights are filed according to ASFA timelines in the majority of appropriate cases. Court delays, particularly resolution of appeals of TPR, sometimes delay adoption finalization. The Court Improvement Program is leading efforts to address these issues by revising the court TPR appeal rules and improving court workflow. The Division has developed a data report to identify children with a goal of adoption so Practice Improvement Specialists and other staff can track the timeliness of milestones leading to finalization, such as identification and placement in an adoptive home.

Re-entries into Out-of-Home Care

Arizona has also reduced the percentage of children who re-enter out-of-home care within 12 months of a prior exit. The following chart shows that the State's foster care re-entry rate has dropped for the fourth consecutive year. Although Arizona has not yet met the former national standard of 8.6% or less, the State has made significant progress toward the goal.

Percentage of Children who Re-entered within 12 Months of a Prior Exit



PART 3: CHILD AND FAMILY WELL-BEING

A. Program or Service Description

1. Case Planning and Case Manager Contact with Parents and Children

Child Protective Services Case Management

CPS case management services to achieve well-being outcomes are available statewide and include development of individualized written case plans, identification and arrangement of necessary assessment and treatment services, and case manager contact. A written case plan is developed for every child who is the subject of an in-home or out-of-home case open for more than sixty days. The case plan must be reassessed and revised no less frequently than every six months. The plan communicates to all parties the permanency goal, concurrent goal when applicable, and the outcomes, tasks, and services aimed at achieving the goal. The document includes a family intervention plan, out-of-home care plan, health care plan, independent living plan for children age 16 or older in out-of-home care, contact and visitation plan, and indication of family and service team involvement in developing the case plan.

The case plan is developed with input from family and service team members, and is based on a comprehensive assessment of the parents', children's, and any out-of-home care providers' needs. Case managers use the State's *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to gather information on all the areas of individual and family functioning listed in the State's *Strengths and Risks Assessment Tool*, and to formulate interview questions that will engage and motivate the family members to identify and participate in strategies to reduce risk. Parents and children age 12 or older are encouraged to attend all case plan staffings, Child and Family Team (CFT) meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into their case plans.

Case manager contacts provide frequent opportunities for parents and children, including younger children, to identify strengths, needs, progress, goals, and services; so adjustments to goals and services can be made quickly when it meets the needs of the parents, children, or caregivers. In-person case manager contacts are held monthly to provide support and encouragement, and to engage the family in assessment, planning, and treatment processes. Exceptions to monthly face-to-face contact by the assigned case manager may be approved based on an assessment of the needs of the child, parent, and/or out-of-home care provider, and must include a plan for written or telephonic contact to supplement less frequent face-to-face contact.

Arizona's case planning policies encourage family involvement by requiring full disclosure about the reasons for CPS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her; to provide a telephonic response to the allegation; to have any verbal, written, or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the case manager discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal,

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such as adoption or guardianship. When concurrent planning is needed, the parents are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Children age twelve or older are to be: (1) informed about the Department's goal of achieving permanency for the child in a safe home; (2) informed of all available alternatives to achieve permanency for the child, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; (3) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (4) informed about their parents' activities and progress toward reunification, unless returning home is not a possibility; (5) helped to identify significant adults with whom relationships can be maintained; and (6) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.

The demand for case management and case planning services continues to increase. On September 30, 2005, 9,906 children were placed in out-of-home care, a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. Arizona is working to reduce the number of children in out-of-home care by improving prevention, in-home, and after care services, and providing case management and case planning services to a greater number of intact families. Thus, while the number of children in out-of-home care is expected to decrease, the demand for case management and case planning services may remain steady or increase. The number of in-home service cases has increased from 2,846 families in July 2005, to 3,368 families in December 2005 – an increase of 522 families or 18.3%.

Family to Family

Arizona is working to embed the Family to Family values, outcomes, and goals into Arizona's child welfare practice. With support from the Annie E. Casey Foundation and using the Family to Family strategies, the Department will strive to achieve the following outcomes:

- Reduce the number and rate of children placed away from their birth families
- Among children coming into foster care, increase the proportion who are placed in their own neighborhoods or communities
- Reduce the number of children served in institutional and group care and shift resources from group and institutional care to kinship care, family foster care, and family-centered services
- Decrease lengths of stay of children in placement
- Increase the number and rate of children reunified with their birth families
- Decrease the number and rate of children re-entering placement
- Reduce the number of placement moves children in care experience
- Increase the number and rate of brothers and sisters placed together
- Reduce any disparities associated with race/ethnicity, gender, or age *in each of these outcomes*

Family to Family defines six goals and four strategies to achieve the child and family outcomes. These goals and strategies are incorporated into this *Child and Family Services Annual Progress Report*. The four core strategies that are the hallmark of Family to Family include:

- recruitment, development, and supporting resource families (foster and kinship);
- building community partnerships;
- team decision-making; and
- self-evaluation using data about child and family outcomes.

The Department continues to implement Family to Family as a core strategy for system-wide change. During the Leadership/National Conference in May 2006 the Annie E. Casey Foundation announced that

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Arizona will become a regional anchor site for Family to Family practice. There are fifteen anchor sites across the country. The Division remains fully committed to rolling out Family to Family statewide. While Arizona is focusing attention on development of Family to Family in Maricopa county, other districts are gaining an understanding of the Family to Family approach and are developing systems to support future roll out—such as capacity for self-evaluation and designation of district recruitment liaisons.

For a description of activities and progress related to recruitment, development, and support of resource families see Section IV, *Foster and Adoptive Home Recruitment and Retention Plan*. For information related to increased capacity for self-evaluation, see Part 4, subsection A.3. *Quality Assurance System*, and subsection C, Objective 7.

Family Group Decision Making

Family Group Decision Making (FGDM) is a model and strategy that focuses on family strengths and capacity for change, rather than on problems and deficits. The purpose of FGDM is to prepare and encourage families to develop and carry out their own plans designed to ensure child safety. These families may have children removed from their homes or children at risk of being removed due to child abuse and neglect. Cases can be referred for a FGDM meeting at any stage of a CPS case, and are most often used to identify a kinship placement and/or a permanency plan for a child. Through FGDM, CPS can better identify members of a child's nuclear and extended family who are invited to join the CPS case manager, resource staff, and other family supports in developing a placement and support plan for the child. The Department also uses FGDM to connect adolescent youth with relatives or other significant persons. This promising practice continues to be highly valued by families, CPS staff, and community members alike.

Between July 2005 and May 2006, 213 family group conferences were held, serving 639 children and over 1,800 total participants. Special assignments of staff continue to impact the number of conferences held. Of the 639 children who were subject to the case plans, more than 82% were placed with relatives according to the family plans developed at the meetings. Results from conference evaluations continue to reveal high positive regard for the process from extended family and professionals involved in the meeting. Conference evaluations indicate:

- 97% of families that held meetings also successfully completed placement plans for the children involved in the case;
- 98% of the family members who completed a satisfaction survey at the meeting stated that they were very satisfied with the FGDM process;
- 97% of the family members and 96% of the Child Protective Services (CPS) professionals completing meeting surveys were confident that the children would be safe; and
- 98% of family members felt respected by the FGDM facilitator and 90% felt respected by the CPS case manager.

FGDM continued many quality improvement and program development activities throughout this past year to improve service delivery and outcomes for children. Accomplishments from FY 2005 include:

- Division commitment to increase the use of FGDM to identify place children in family-like settings;
- district encouragement to increase FGDM for all children in care and involvement of FGDM Specialists in removal reviews;
- targeting of FGDM efforts to identify family placements for youth in group home settings;

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- invitation of Child and Family Team (CFT) facilitators to FGDM meetings, and scheduling of CFTs as a follow-up service to strengthen family supports;
- use of FGDM by DES Family Connections Centers as a strategy for engaging families in case planning;
- provision of FGDM training to Child Welfare Training Institute (CWTI) attendees, CPS Units, community stakeholders, and at statewide conferences; and
- ongoing provision of training and development opportunities with local and national experts to FGDM Specialists and community partners.

2. Services to Address Children’s Educational, Physical Health, and Mental Health Needs

The written case plan identifies the child’s educational, physical health, and mental health needs and services to address those needs. The child’s CPS Specialist cooperates with the child’s parents, out-of-home care providers, school, health care providers, and others to identify the child’s needs and obtain or advocate for services. CPS Specialists advocate for service provision through agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services (DBHS).

Educational Services

Children in out-of-home care receive educational services through Arizona’s public school system, which includes tuition free specialized charter schools. A CPS Specialist works with each child’s parents, out-of-home caregiver, teacher, and other team members to monitor the child’s educational success and advocate for educational assessments and services. The Division collaborates with the Department of Education and other stakeholders to improve access to timely and effective educational services. In July 2005 the Division convened a multi-agency Committee on Education to address school related issues for children in foster care. For information about the accomplishments of the committee, see Section III, Part 3, subsection C, Well-Being Objective 6.

Comprehensive Medical and Dental Program

The Comprehensive Medical and Dental Program (CMDP) is responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services to promote the well-being of Arizona’s children in foster care. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible foster children placed in Arizona, as well as those placed out-of-state.

CMDP covers a full scope of prevention and treatment health care services, when determined to be medically necessary. Services include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, inpatient and outpatient hospital care, laboratory services, vision care, dental care, drug prescription services, and necessary services of physicians or other specialty providers. CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS) for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding.

No changes are anticipated in the population and geographic areas served by the program. In calendar year 2005 18,105 children in foster care were enrolled in CMDP, up from 16,041 in calendar year 2004.

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Behavioral health Urgent Response and Child and Family Teams

CPS case managers refer children who have been removed from their homes to the DBHS' statewide 24 hour Urgent Response system to receive a comprehensive assessment of strengths and needs. The Urgent Response includes enrollment in behavioral health services and face-to-face evaluation of all children brought into care by the Department. During SFY 2006 a streamlined process was implemented for the referral and coordination of early intervention and behavioral health services to children under age three. Children under the age of three who are in CPS custody and in out-of-home care are referred to the Regional Behavioral Health Authority for a developmental screening and behavioral health assessment within 24 hours of removal. If the screening or assessment indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AZEIP), notifies the child's case manager and primary care physician of the screening results and referral to AZEIP, and includes AZEIP in the child's Child and Family Team meetings. If no developmental concern is noted, the RBHA notifies the case manager and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment but not removed from home are referred by CPS to AZEIP for a developmental screening.

The Child and Family Team (CFT) model is used statewide to develop behavioral health service plans for children. The following 12 principals serve as a foundation for the model, which seeks to involve the entire family in a child's treatment, as well as neighbors, community organizations, and the religious community:

- Collaboration with the child and family is essential. Parents and children are treated as partners in all stages of service delivery.
- Behavioral health services are designed and implemented to aid children to be successful in school, live with their families, avoid delinquency and become stable and productive adults.
- Children with multi-system involvement will have a jointly established child/family centered service plan.
- Children will have access to a wide array of behavioral health services, which will be adapted or created when not available.
- Behavioral health services are provided according to best practices and are continually evaluated and modified to achieve desired outcomes.
- Children are provided services in their home and community to the extent possible.
- Children identified as needing behavioral health services are assessed and served promptly.
- Services are tailored to the child and family with their unique strengths and needs driving the service array provided.
- Behavioral health services strive to minimize multiple placements and prevent crisis situations.
- Behavioral health services are provided in a manner that respects the cultural tradition of the child and family.
- Behavioral health services include support and training for both parents and children to gain independence.
- Natural supports will be used from the family's own community network including friends, neighbors, and organizations.

CFTs provide a family-centered, highly individualized, and strength-based "wraparound" process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a Family Involvement Specialist (FIS) who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include "informal supports," such as friends, relatives, and community supports; as well as

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professionals and other practitioners from involved agencies. The FIS facilitates development of a Single Individualized Plan by the Team, which by nature is family-focused. The FIS may then present the Single Individualized Plan to the Multi-Agency Team (MAT), which reviews the plan, approves/authorizes services, makes recommendations, and gives feedback to the FIS. The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. Flexible funding of up to \$1,525 per child per year is available to meet identified needs. Project liaisons help facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts, and logistics.

The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families. The majority of children in the custody of the Department who need residential treatment or other therapeutic care have a CFT engaged just prior to, or shortly after, the placement. The CFT explores all opportunities to maintain the child in a less restrictive setting, including a variety of wraparound services, and continues working on returning the child to a less restrictive, community setting. Current and past out-of-home caregivers are invited to participate in the CFT meetings while the child is in specialized placement.

B. Outcomes, Goals, and Measures of Progress

Progress toward achieving the State's child and family well-being outcomes and goals is measured using the Practice Improvement Case Review, which is fully described in Section III, Part 4, of this document. The Practice Improvement Case Review was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1, 2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005 using the new procedures. Cases reviewed in 2005 cover a combined period under review of 7/1/04 through 12/31/05. See Section III, Part 4, subsection A.3., *Quality Assurance System*, for more information on the Practice Improvement Case Review.

Well-Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.
Well-Being Outcome 2:	Children receive appropriate services to meet their educational needs.
Well-Being Outcome 3:	Children receive adequate services to meet their physical and mental health needs.
Well-Being Goal 1:	The percentage of cases in which the needs of the child(ren), parents, and foster parents are assessed and necessary services are provided will be 95% or more
	Quarter ending 6/04: 78%
	Calendar year 2005: 68%
Well-Being Goal 2:	The percentage of cases in which the child(ren) and family are actively engaged in case planning will be 95% or more
	Quarter ending 6/04: 48%
	Calendar year 2005: 52%

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Well-Being Goal 3:	The percentage of cases in which the assigned case manager has monthly face-to-face contact with the child(ren), and contact is at a frequency that meets the needs of the child(ren), will be 95% or more
	Quarter ending 6/04: 56%
	Calendar year 2005: 60%
Well-Being Goal 4:	The percentage of cases in which the assigned case manager has contact with the parents as required by State policy will be 95% or more
	Quarter ending 6/04: 39%
	Calendar year 2005: 46%
Well-Being Goal 5:	The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more
	Quarter ending 6/04: 84%
	Calendar year 2005: 91%
Well-Being Goal 6:	The percentage of cases in which the physical health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more
	Quarter ending 6/04: 79%
	Calendar year 2005: 84%
Well-Being Goal 7:	The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more
	Quarter ending 6/04: 82%
	Calendar year 2005: 78%

D. Fiscal Year 2006 Objectives and Accomplishments

Arizona's Child and Family Services Plan Update for 2005 listed the Division's three core objectives (strategies) to achieve safety, permanency, and child and family well-being outcomes. These systemic objectives are intended to transform the way Department's field staff interact with families, and the experience children and families have with the child welfare system. Because these strategies change core practices, improved results are expected in all outcomes areas. The three core objectives include:

1. Embed family-centered practice, including the Family to Family model, into child welfare practice and systems

The Department believes family-centered practice and the Family to Family model will result in changes to agency culture and practices that will improve family engagement, assessments, services, and case manager contacts. Family to Family strategies such as team decision making are intended to achieve child and family well-being results such as comprehensive assessment and planning prior to a child's removal; provision of timely services; and involvement of birth families, foster parents, and kinship families as team members with the agency and one another. Family to Family also employs a strategy of recruiting, training, and supporting resource families. The Department anticipates that well-being outcomes will be achieved for children placed with kinship or foster parents who have

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been trained and supported to take a central role in meeting the educational, physical health, and mental health needs of children in their care. For accomplishments related to this core objective, see Section III, Part 1, Safety Objective 2. For additional information on activities to recruit, train, and support foster and kinship families, see the *Foster and Adoptive Home Recruitment and Retention Plan* in Section IV of this report.

2. *Contract with community providers to increase the availability of accessible, flexible, and comprehensive services to meet the needs of children in-home*

The Department anticipates that this approach will improve well-being outcomes by increasing the percentage of children and parents receiving comprehensive assessment, timely services, and case manager contacts at a frequency to meet their needs. For information on the State's progress toward achieving this objective, see Section III, Part 4, subsection A.5., *Service Array and Resource Development*.

3. *Develop a central office Practice Improvement Unit and Practice Improvement Specialists in each District, to increase and organize strategic planning and continuous quality improvement functions*

The Department believes that self-evaluation in relation to the agency's outcomes and goals is essential to ensuring agency resources are used in a manner that achieves positive outcomes for the greatest number of children and families in need of child abuse prevention and protection services. To evaluate performance in relation to the Department's well-being outcomes and goals, Practice Improvement Case Review data is gathered and analyzed on an ongoing basis. Statewide and District *Action Plans for Outcome Achievement* are developed based on the data and stakeholder input. Promising practices are shared for implementation in other locations. For more information on the Practice Improvement Unit, Practice Improvement Case Review, other practice improvement activities, and progress related to this objective, see Section III, Part 4, subsection A.3., *Quality Assurance System*.

In addition to the three core objectives listed above, the Department identified the following Child and Family Well-Being objectives and benchmarks for FFY 2006. This section provides a description of progress toward achieving each objective.

Well-Being Objective 1: Embed family-centered practice, including the family to family model, into child welfare practice and systems

1. Complete three or more telephone conferences for supervisors and managers on application of the State's family-centered practice framework to real life CPS cases, facilitated by national expert Lorrie Lutz
2. Develop a family-centered case staffing guide, to replace the current clinical supervision checklists and for use during clinical supervision and other case staffings or reviews
3. Complete three half-day supervisor peer staffing roundtables, facilitated by national expert Lorrie Lutz, to model family-centered supervisory case staffing and application of the family-centered case staffing guide

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4. Revise the Children's Services (policy) Manual to embed family-centered values, language, best-practices, tools, and techniques
5. Complete a Family to Family site visit with Casey Family Programs to assess Pima county's readiness to be a Family to Family site

The Division has completed the action steps listed above, and substantial progress has been made toward achieving the objective. National consultant, Lorrie Lutz, conducted telephone conferences for supervisors on 6-6-05, 6-8-05, and 7-29-05. These calls had good participation from supervisors statewide, and provided an opportunity to discuss application of family-centered practice principals to the work of supervision. These calls set the foundation for supervisory roundtables that were facilitated by Ms. Lutz on 8-31-05 in Tucson and Bisbee, on 9-15-05 in Yuma, and on 9-21-05 in Phoenix and Flagstaff. Nearly all of the State's supervisors participated in one of the supervisory roundtables. During the roundtables, Ms. Lutz discussed and modeled application of family-centered practice within supervisory interactions. Ms. Lutz also distributed and discussed a Family-Centered Supervisory Guidebook she published for Arizona. This Guidebook includes family-centered skills for supervisors and questions to consider during clinical supervision conferences. The Guidebook is currently being used as a basis for discussion and skill development during many district management meetings, which include CPS unit supervisors.

To improve investigative assessments and intervention, Action for Child Protection facilitated Critical Decision Making Seminars for all CPS supervisors, management staff, and Assistant Attorneys General during Spring 2005. These seminars set a foundation for The Group Supervision Project, also known as Supervision Circles, which was rolled out statewide in January 2006. Supervision Circles are established in Tucson, Flagstaff, and Phoenix – allowing statewide participation by all Assistant Program Managers and Program Specialists who assist with supervision. For more information on the Supervision Circles, see Section III, Part 1, Safety Objective 3.

The Division has nearly completed a redesign of the State policy manual, which included participation from a statewide workgroup. The revised Children's Services Manual will be web-based and accessible to Division staff and external stakeholders. The Manual's format, content, and technology have been revised. Improvements include new structure and flow, enhanced search and find functions, and a family-centered practice focus. The revised manual will include links to statutes, rules, decision-making guides, documentation guides, and best practice tips and tools.

For information on implementation of Family-to-Family, see Section III, Part 1, subsection C, Safety Objective 2.

Well-Being Objective 2: Improve behavioral health outcomes for children served by the child welfare system by ensuring immediate behavioral health assessments, increasing the capacity and competency of behavioral health service providers in specialty areas, and increasing the availability of Child and Family Teams

1. Continue to meet with the DBHS and others to improve behavioral health services for children.
2. Implement strategies to address identified barriers

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The Division and the Arizona Department of Health Services (ADHS) actively pursued improved behavioral health outcomes for children and families during FY 2006. The Division and ADHS have pursued strategies to improve assessments and services for children ages zero to three, increase the array of services to meet the unique needs of all children in out-of-home care, and better engage ADHS as a partner in meeting the mental health needs of all Medicaid eligible children and families involved in the child welfare system.

The Division and ADHS have recognized that research on infant-toddler mental health demonstrates a positive impact when well designed specialized interventions are provided to infants and toddlers within the context of the child-primary caregiver relationship. ADHS and the Division are partnering to develop statewide clinical leadership and capacity in this area through the following initiatives:

- A new Comprehensive Assessment that focuses on children ages zero to five and their unique behavioral health issues and needs has been added to ADHS's Comprehensive Assessment format, which already included an addenda for children involved with CPS.
- ADHS is sponsoring an Infant-Toddler Mental Health Mentorship Program through Southwest Human Development's Harris Institute, training ten practitioners from different geographic regions.
- In Yavapai County, "Best For Babies" was started in partnership with the County's Juvenile Court Judge. Best For Babies combines periodic court oversight with a developmental checklist that identifies key services that all children ages zero to three should receive when they are removed from their homes. The checklist includes specific information about healthcare, medical records, and developmental and EPSDT screenings and services, including behavioral health services.
- In Pima County, the RBHA has contracted with the Blake Foundation to provide Urgent Response assessments on all children placed in out of home care by the Division. The Blake Foundation has many years expertise in providing developmental assessments of infants and toddlers through the Arizona Early Intervention Program (AzEIP). The Blake Foundation will also track the children during monthly visits through age five, when the child reaches school age. This tracking will ensure a quick response to any developmental concerns that emerge during these formative years.
- A streamlined referral process and better coordination of early intervention and behavioral health services was implemented on April 14, 2006. The new process and related policy require that children under the age of three who are in CPS custody and in out-of-home care be referred to the Regional Behavioral Health Authority for a developmental screening and behavioral health assessment within 24 hours of removal. If the screening or assessment indicates a developmental concern, the RBHA makes a referral to AzEIP, notifies the child's case manager and primary care physician of the screening results and referral to AzEIP, and includes AzEIP in the child's Child and Family Team meetings. If no developmental concern is noted, the RBHA notifies the case manager and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. This process streamlines the referral and initial assessment of the early intervention needs of children who enter out-of-home care; allows all the child's needs to be assessed at one time; allows AzEIP to concentrate its resources on provision of services to children with identified developmental needs; expedites services to children; and eliminates duplicative processes for the CPS Specialist.

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Ongoing negotiations between ADHS and the Division are focused on delivering timely, appropriate behavioral health services to all children and families involved with the child welfare system, including families served in-home, children in out-of-home care, and children for which guardianship, adoption, or independent living are being considered. These negotiations are also designed to develop competency in delivering the specialized mental health services needed by abused or neglected children, including the necessary level and frequency of services and accessibility to specialized services in rural areas. Activities in this area include the following:

- ADHS has invited the Division to have input into language for the Request For Proposals (RFP) for the Maricopa County (Phoenix) Regional Behavioral Health Authority. It is hoped that this RFP will lead to more specific protocols around timely and appropriate intensive service delivery for children and families involved with CPS in Maricopa County, and set precedence for the rest of Arizona.
- ADHS is sponsoring development of a statewide training curriculum for all behavioral health providers that serve CPS involved children and families. This curriculum is designed to teach the key critical areas identified in the ADHS *Practice Improvement Protocol: The Unique Behavioral Health Service Needs of Children Involved with CPS*, including the different behavioral health and support needs of children, families, and caregivers throughout their involvement with CPS – from removal to reunification or other permanency. The need for increased family or caretaker engagement, court attendance, and system coordination will also be highlighted during this training.
- ADHS has implemented a quality assurance and monitoring tool designed to evaluate the effectiveness of the Urgent Response process in identifying and addressing the specialized needs of children removed from their homes and placed in CPS care, as well as the needs of their current caretakers. This represents a significant change from the previous tool that simply looked at numbers of cases referred and thoroughness of documentation. In addition, there has been a significant statewide increase of the percentage of removed children being served through Urgent Response: from 45% in November 2004, to 63% in November 2005.
- The Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) is currently undergoing a restructuring process that will combine the children and adult bureaus, structure the agency by function rather than client group, and encourage more consumer and family engagement and involvement. DBHS is modifying their functions based on the need to monitor the behavioral health delivery system, hold that system accountable, and support the providers in the changes required to better meet the needs of consumers and their families. The focus of DBHS will be on supporting and implementing current best practices with the goal of consumer recovery, resiliency, and wellness.
- Throughout the State, Therapeutic Foster Care (TFC) funded by ADHS has replaced Division funded Professional Family Foster Care. ADHS is also addressing a recently identified concern about TFC capacity and availability. ADHS is working to increase TFC capacity and avoid an increase in more costly, less-effective congregate care behavioral health facility placements.

Several activities and improvements have occurred in FY 2006 to encourage partnership between the Division and ADHS in meeting the needs of children served by CPS. For example:

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- In calendar year 2005 the Division advocated for necessary behavioral health services by filing an appeal on behalf of any Medicaid eligible child for whom services the Division deemed necessary had been denied by the Regional Behavioral Health Authority (RBHA) and no viable alternative offered. By December 31, 2005, 83 appeals had been filed in the year, which was a significant increase over the combined prior three years. Many of these appeals involved children in higher level therapeutic care settings that were being funded by the Department of Economic Security. The Department had observed that when such placements were funded through the behavioral health system, the children received intensive behavioral health case management, better continuity of care, better step-down transition planning, and had shorter stays in the higher level placements. The majority of the appeals were resolved in favor of the Department. The Department and the Regional Behavioral Health Authorities responsible for the Medicaid funding have settled an increasing number of appeals prior to a fair hearing. Since these appeals were filed, the Department has observed an increase in support to higher need children and their caregivers, and a decrease in length of stay in higher level care settings.
- The Division's in-home services contracts, which began in 2006, also include a requirement that the providers use Title 19 funds to pay for covered services for Medicaid eligible families. In addition, the State behavioral health system has indicated to their RBHA provider system that unless prior authorization is required or allowed through their contracts with DBHS, RBHA providers should allow Child and Family Teams (CFT's) to decide what covered wraparound services are needed to meet the needs of a child and family. The Division is ensuring this policy is followed by advising CPS field staff of this expectation and requesting that they elevate through the DBHS formal complaint processes any cases in which providers are not supportive of this level of CFT empowerment.
- A new State law effective September 1, 2006 will allow the court, upon motion from any party to the case, to order that the behavioral health service provider attend court and explain the service plan. The new law also gives the court authority to order provision of specific medically necessary services. In addition, the definition of "medically necessary" was revised to mirror the Arizona Vision and Twelve Principles for child mental health (For more information on the Twelve Principles, see sub-section A.2. *Child and Family Teams*). This law will become effective 90 days after the current legislative session ends. The Division is actively developing policy, procedures, and a process to involve Juvenile Court system partners in training around this new law.
- To improve further improve inter-agency collaboration, the Division, the Department of Health Services, and the Department of Juvenile Corrections are finalizing plans to house liaisons in both Maricopa County Juvenile Court locations by August 2006. The liaisons will attend every Preliminary Protective Hearing (held within five days from removal of a child) and review the case of any child likely to be dispositioned to a therapeutic out-of-home care placement. These liaisons will also meet monthly with the County's Presiding Juvenile Court Judge to resolve barriers to service coordination and provision.

Well-Being Objective 3: Improve delivery of alcohol and substance abuse services through the Arizona Families F.I.R.S.T. (AFF) model as the primary model for all substance abuse agencies serving parents and families involved with CPS

1. Continue meetings of State agency representatives, substance abuse providers, Regional Behavioral

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Health Authorities, CPS case managers, and adult participants in the Arizona Families F.I.R.S.T. program

2. Implement new contracts, monitor and evaluate service delivery
3. Implement federal grant, if received, from the Substance Abuse and Mental Health Services Administration

New AFF provider contracts were awarded on July 1, 2005. Revisions to the scope of work included several performance measures and mechanisms to strengthen communication with child welfare staff. Annual program evaluation continues, as do quality improvement activities. Changes to provider reporting responsibilities have proven to be a successful mechanism to evaluate service delivery on a more routine basis, in addition to the ongoing quality improvement site visits. AFF continues with an independent evaluator who is instrumental in assisting the agency and program providers to examine process objectives and programmatic achievement of desired outcomes.

In SFY 2006 AFF continued its partnership with DBHS to achieve continuous systemic improvements in substance abuse treatment for families involved in the child welfare system. A new strategy for contract monitoring site visits was developed to examine the response of both AFF and the local behavioral health authorities in their provision of substance abuse services, when these AFF and behavioral health services are provided through different agencies. The new strategy evaluates timeliness of referral and service provision and the effectiveness of inter-agency service coordination. These efforts will continue in FY 2007. Local collaborative groups have also been formed and charged with the identification and implementation of strategies to enhance service delivery.

The Division's Substance Abuse Program Specialist and AFF Coordinator has developed and is leading a task force examining the impact of methamphetamine abuse on child welfare. A panel of experts from substance abuse organizations, behavioral health agencies, universities, and others has been convened to improve the child welfare response to family's impacted by methamphetamine in order to ensure child safety and improve well being. Products from this group will include improvements in child welfare training, policy, and practice; including specific research based models for providing services to methamphetamine involved families with the children in-home and in cases where removal of a child is necessary.

The Department applied for a grant issued by the Substance Abuse and Mental Health Administration, targeted at rural methamphetamine use. Although the agency did not receive the award, the Department continues efforts to improve the response to families impacted by methamphetamine abuse

Well-Being Objective 4: Improve health care service for children involved with CPS

1. Continue to improve provision of immunizations, tracking of immunizations, and education of health care providers and CPS staff
2. Explore barriers to provision of timely preventive dental services, identify strategies to address barriers, and implement improvements

The Comprehensive Medical and Dental Program (CMDP) continued many quality improvement and program development activities in SFY 2006 to improve service delivery and physical health outcomes for children in out-of-home care. CMDP has maintained its high standard of comprehensive and timely

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services to its members. In 2004, AHCCCS determined that CMDP met the goals for children ages 3, 4, 5 and 6 to receive their EPSDT exam, and for child access to primary care. In addition, AHCCCS found that CMDP had a high rate of children ages 13 to 21 who receive a yearly well-care medical visit, and children ages 3 through 8 years of age who receive dental care.

CMDP has actively participated in the Governor's School Readiness Initiatives and the Arizona Integrated Services for Children with Special Health Care Needs workgroups. The Arizona Governor's School Readiness Initiatives Health Implementation Team was established as a result of Governor Napolitano's School Readiness Action Plan in January 2004. Its mission is to increase EPSDT participation rates for children ages zero to five years throughout the State, to assure that children are healthy and ready to learn in school. These EPSDTs must be thorough and include all mandated components (including the vision screen, hearing screen, developmental assessment, and behavioral health assessment). The Arizona Integrated Services for Children with Special Health Care Needs Workgroup was established through a grant to ADHS, Office of Children with Special Health Care Needs. Its mission is to enhance the service delivery system for children with special health care needs (including children in foster care) through State and community agency partnerships that identify needs, design and implement system change, and evaluate outcomes achieved through an integrated screening and care coordination pilot study. CMDP will continue to participate in these initiatives in SFY 2007.

CMDP implemented Provider Initiatives, which are used by Provider Services to review topics with provider and office staff during on-site visits. CMDP has discussed the following topics with providers and their staff:

- The importance of entering immunization information into the Arizona State Immunization Information System (ASIIS) and ensuring foster children are properly immunized.
- The importance of ensuring that all providers in a practice are enrolled with the Vaccine for Children's Program (VFC).
- Development of Clinical Guidelines, which have been distributed to providers during site visits.
- Implementation of the Newborn Intensive Care Program that identifies potential developmental delays of at-risk NICU graduates. This screening is conducted during the primary care EPSDT visits.

CMDP improved its website to include a provider search function, which enables out-of-home caregivers to locate a CMDP registered provider.

In addition, one year after implementing a Preferred Medication List (PML) to better manage pharmaceutical benefits, CMDP has had a less than one percent increase in total pharmacy cost over 2004 spending, despite a 12.9 % growth in membership.

Well-Being Objective 5: Improve identification and treatment of physical health of children through the items being addressed in the peer record reviews, such as timely preventive dental services, and establish coordination with medical services staff to provide additional data to consider in the reviews

1. Identify medical information and data for use in the record review
2. Establish mechanism to distribute the information and data to coincide with the random sample for each district

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The CMDP has provided information from their data system to inform the Practice Improvement Case Review. Billing information collected by CMDP and provided to case reviewers has helped to identify medical and dental services that were provided to children but not documented in the hard file or CHILDS case record.

Well-Being Objective 6: Improve overall well-being for children involved with CPS

1. Review stakeholder child and family well-being input and identify strategies to address recommendations
3. Develop and implement practice improvement plan
4. Participate as an active member of the Reform Education Workgroup and address surrogate parent issues

Information gathered during a focus group of staff and stakeholders related to improvement of well-being outcomes was reviewed in early SFY 2006. This information was considered over the course of the year as the Division identified improvement objectives and activities. Continual input from stakeholders related to child and family well-being is gathered through the workgroups, committees, and projects described throughout this report. For example, stakeholders participate in collaborative meetings with the Department of Health Services, the multi-agency Committee on Education, and the Family to Family project.

In July 2005 the Division convened a multi-agency Committee on Education to address school related issues for children in foster care. The Committee on Education has statewide representation from the Attorney General's Office, Department of Economic Security, Department of Education, County Juvenile Probation Offices, Juvenile Court Judge, and community stakeholders. One workgroup goal is to develop a shared practice vision for CPS Specialists, schools, and the juvenile courts so that school placements can be stabilized and school records, when needed, will be more accessible. Another workgroup focus will be discussion of recent changes in laws and policies that may have an impact on the educational needs of foster children. Accomplishments of the CPS Committee on Education include:

- development of a handbook for educators that provides information on the needs of children in out-of-home care, the court and CPS systems, and the roles of people involved in child welfare cases (i.e. the CPS Specialist, CASA, attorneys, etc.); and
- creation and implementation an *Order to Release Educational Records* to assist with a smooth education transition and to ensure that a child receives the appropriate school placement and services when a school move is needed.

Tasks to be completed in SFY 2007 will include:

- reformatting CPS Court reports and case plans to include educational status,
- addressing concerns regarding appointment of surrogate parents through revisions to CPS policy and other means, and
- training and dissemination of the information created through the committee

The Educational Consultant Program in Pima County (Tucson) has also been working to improve educational services for children in out-of-home care. Some accomplishments of these efforts include:

- development of a list of tutors throughout Pima County;
- creation of an educational resource phone line in Pima County; and

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- a Career Day event in April 2006, during which fifty children toured Pima Community College and learned about college level educational opportunities available to them.

D. Analysis of Well-Being Data

Comprehensive Assessment and Engagement of Children and Parents in Case Planning

In 2005 Arizona's Practice Improvement Case Review measured improvement in the areas of comprehensive needs assessment and engagement of children and families in case planning, although these continue to be areas of focus for the Department's improvement efforts. The Case Review also identified significant differences between districts in the percentage of cases rated strength. In District 2 (Pima County) assessment of parent, child, and caregiver needs, and provision of services to address identified needs, was found to be a strength in 83% of cases, versus 68% statewide; and engagement in case planning was identified as a strength in 79% of cases, versus 52% statewide.

Differences were also seen in in-home versus out-of-home cases. Assessment and service provision was deemed a strength in 83% of out-of-home cases reviewed in 2005, compared to 53% of in-home cases. Agency assessments in out-of-home cases were more likely to be supplemented by psychological evaluations and Regional Behavioral Health screenings, and participants were provided a broad range of services. In-home cases sometimes lacked a comprehensive assessment of safety and risk following a report of maltreatment during the period under review. In some cases a follow-up assessment was not conducted prior to case closure when a family did not engage in services to which they initially agreed. The Division's development of specialized in-home services, units, and staff are intended to remedy these issues.

Measuring effort to engage a child or parent in case planning continues to be challenging in the absence of an interview component to the Practice Improvement Case Review. The percentage of cases rated strength in this area may be affected by lack of documentation to describe efforts made. Documentation guides have been provided to the districts, as have examples of documentation in cases rated strength. The Division is also providing CPS Specialists with technology to ease the burden of documentation, which should result in improved timeliness and quality of documentation.

A number of cases were rated area needing improvement on assessment and family engagement due to lack of sufficient effort to locate missing parents or maintain contact with parents, particularly non-custodial and/or incarcerated parents in out-of-home cases. In other cases parents and youth participated in contacts with the CPS Specialist, court hearings, and case planning meetings, but reviewers could not find evidence that the family members were encouraged to identify their strengths, needs, services, goals, or progress. Cases are more likely to be rated strength when frequent Child and Family Team meetings are held, Family Group Decision Making meetings are arranged, and/or the parents are actively participating in services and initiating contact with the CPS Specialist to assert their needs or request services.

The Division is involved in many activities to improve these outcomes areas, most of which have been described elsewhere in this report. Examples include implementation of Family to Family, including Team Decision Making meetings; collaboration with DBHS to expand the use of Child and Family Team meetings; revision of the *Child Safety Assessment, Strengths and Risks Assessment Tool*, and related documentation; activities to recruit and retain staff and improve the work environment; and activities to encourage involvement of fathers.

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Educational Status, Physical Health, and Mental Health of Children

The Practice Improvement Case Review continues to find that in the majority of cases reviewed the children received appropriate services to address their educational, physical, and mental health needs. In 2005, 91% of cases were rated strength in relation to educational needs, 84% of cases were rated strength in relation to physical health, and 78% were rated strength in relation to mental health. Case records and caregivers continue to indicate that appropriate educational services are provided to children in most cases, or the agency is advocating for educational services to meet the child's needs. Provision of services to meet children's physical health needs is also an area of strength. Records indicate that children are receiving their required immunizations and in most cases receive preventive physical health care and treatment services when necessary. The most common area needing improvement in relation to physical health continues to be provision of timely preventive dental services. The Division has developed kinship information notebooks and kinship case aides/liaisons to educate kin about the need for EPSDT and dental exams, among many other things. CMDP has also developed a plan to ensure all children in out-of-home care receive timely EPSDT exams that include all the required components. Provision of mental health services is the child service area requiring the most improvement. The Division has been actively collaborating with the Department of Health Services and local Regional Behavioral Health Authorities to improve access to necessary behavioral health services.

Frequency of Contact between Caseworkers and Children and their Families

Between the statewide Practice Improvement Case Review in the quarter ending June 2004 and the combined reviews of all districts in 2005, the percentage of cases rated strength in regard to CPS Specialist contact with children increased from 56% to 60%; and CPS Specialist contact with parents increased from 39% to 46%. This data is based on an assessment of both the frequency and quality of in-person and other contacts. Cases were more likely to be rated area needing improvement due to less than monthly in-person contact, than because of poor quality of contact content. Parents are less likely to have monthly case manager contact when they are not participating in services, not a viable option for reunification due to incarceration, or are unstable and do not consistently contact their case manager or provide an address. When the goal is adoption, guardianship, independent living or long-term foster care, and parental rights have not been terminated, Arizona policy requires quarterly written or telephone contact with parents. This quarterly contact does not always occur. However, it was noted in many cases that the child and/or parent was having monthly or more frequent contact with a case aide or contracted provider. Particularly in low to moderate risk in-home services cases, these contacts did appear to meet the family's needs. As in other areas, differences were seen across districts and District 2 (Pima County) performed substantially better than the rest of the State. CPS Specialist contact with children was rated strength in 83% of cases, and contact with parents was rated strength in 72% of cases.

Differences were also observed between out-of-home and in-home cases. Out-of-home cases were more likely to be rated strength on CPS Specialist contact with children (67% of out-of-home cases versus 53% of in-home cases). In-home cases were more likely to be rated strength on CPS Specialist contact with parents (52% versus 36%). This may again be in part due to lack of consistent contact with non-custodial and/or incarcerated parents in out-of-home cases. Contact with such parents is frequently not applicable in in-home cases.

PART 4: SYSTEMIC FACTORS

A. Program or Service Description

1. Statewide Information System Capacity

The Children's Information Library and Data Source (CHILDS) is the automated information system used by Division case managers. CHILDS components support intake, investigations, ongoing case management, adoptions, eligibility determination, staff management, provider management, and payment processing; and includes on-line help, policy, forms management, and an alert system for key case events. Access to read, enter, or update data is provided to staff based on their job functions. Some information, such as case notes, can not be changed once they have been saved. CPS Specialists and Unit Supervisors have access to correct data entry errors on their assigned cases in many investigation and ongoing case management windows. Data correction in other windows is restricted to District Automation Liaisons and/or CHILDS program staff.

In FY 2006 the CHILDS Project again achieved its objective of soliciting and providing feedback from and to CHILDS users during quarterly user forums. The CHILDS Project has also maintained monthly meetings with District Automation Leads to further address issues and provide feedback to field staff.

The CHILDS Project has continued program updating throughout the year. Each quarterly system modification migration typically includes fifteen to twenty system changes requested by field staff, administrators, or CHILDS staff; or required by legislative changes. The following are just some of the modifications that were made to CHILDS in FY 2006.

Intake and Investigation

Changes to the intake and investigation windows have been made to improve accessibility and documentation of critical information, particularly documentation of investigative response to reports. For example:

- The Communication Detail Window is used to enter and display information received by the Child Abuse Hotline. The Communication Narrative documents all types of incoming information and requests to the Hotline, including allegations of abuse or neglect, status information on open CPS cases, requests for copies of CPS reports, and requests for CPS information or community services for a child or family. Status communications relay information received by the Hotline on open CPS cases, particularly information received after hours that does not meet the criteria for a report of abuse or neglect. This may include information on children who have run away or disrupted from a placement, parent-child visitations, service provider meetings in which issues have developed, or other problematic situations. Formerly, only unit supervisors were informed via the Missing Mandatory Data window (MMD) that a status communication had been linked to a case. Timely notification to case managers was therefore sometimes delayed. The MMD window has been changed so that now both the unit supervisor and assigned case manager are notified of new case status information received by the Hotline. Now CPS Specialists always receive timely notification of new information received at the Hotline.
- The Communication Disposition Window is the window used to record information for the CPS report, including allegations, names and demographics related to the victim(s) and their

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caretakers, and other information obtained from the reporting source. The Communication Disposition window was enhanced to provide direct links to the Case Directory, Report Directory, and Report Detail windows. A similar direct flow was added from the Report Disposition window to the Case Directory window.

- The Person Detail Window is used to add, update, and display identifying information about persons in the CHILDS system. The ability to delete the Date of Birth has been added. Prior to this change users were limited to overtyping the date of birth.
- The Report Detail Window is used to display and enter key information about a report of abuse or neglect, including report priorities, tracking characteristics (such as substance abuse), worker safety issues, initial/CPS field responses, and response dates and times. Additional fields were added to identify whether the first response to the report to ensure child safety was made by law enforcement, emergency personnel, or CPS.
- The Determination of Case Status Window records the status of a case at the conclusion of an investigation (closed or transferred to ongoing status), the date of investigation closure, any services offered during the investigation, and the family's response to the offer of services. The window was updated to require all allegation findings (unsubstantiated or proposed substantiated) be entered and approved before the closure of the investigation.
- If the same supervisor is assigned the family's case and an open investigation on the case, CHILDS will now allow for simultaneous closure of both the investigation and the case—saving significant data entry time for the worker.

Case Management

Changes to the case management windows have been made to improve accessibility and documentation of critical information. For example:

- Several links were added to nine case management windows to improve navigation, allowing case managers to move to the logical next window rather than backing to a main menu.
- The Case Summary Window displays critical case dates such as next hearing, FCRB, and case plan staffing dates; and the name and other information for the assigned case manager, case participant(s), and significant others. Staff also generate, view, or print other summary reports from this window. This window now allows multiple case participants to be selected when requesting a Medical Summary Report or Child Fatality Report. Once the report is requested, the individual reports will print for the selected participants.
- The Case Closure window records the case closure date, case closure history, the general reason for case closure, and narrative information describing the reason for case opening, the outcome of services, the family's current status, and an aftercare plan for continued support of the family. Additional text boxes for each area of information were added, to better capture information required for case reviews and assist in eliminating duplicative data entry. Other changes allow the completion of the Case Closure Window to produce a closing summary report, which may be printed and filed in the hard copy record.

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- The Examination Detail Window tracks medical and psychological examinations and immunizations fed from an interface between CHILDS and the Comprehensive Medical and Dental Program (CMDP). The interface was updated to allow additional medical conditions: Pneumonia, Meningitis, and Diphtheria Tetanus. Other updates to the interface were applied to track newborn screening test results, including hearing, thyroid functioning, PKU, sickle cell anemia, and cystic fibrosis.
- The Legal Status Window records and displays the legal status of a child in relationship to each parent. Enhancements were applied to allow system users to edit existing data rather than forcing deletion and re-entry when corrections are needed. This change has significantly reduced the time required to correct data.
- The Placement/Location Directory displays the history of all placements for all children in a case, including DES paid placements and unpaid placements such as detention. This window was updated to allow all removed children in the case to display at once, eliminating the need to back out of the Directory to select a new child for view.
- The Missing Mandatory Data (MMD) window is used to alert the worker when a critical data element must be updated in CHILDS for AFCARS data reporting, legislative, or other requirements. At the request of field staff, search functions were added to allow search by case name, case number, and MMD type.

Provider and Financial

Updates were made to the CHILDS provider and financial windows to address the needs of system users. Changes include the following:

- Enhanced scrolling of long select-list fields were added to 15 windows, simplifying how the worker selects multiple attributes within the same field in the window.
- The Department of Health and Human Services granted waivers to the State of Arizona under Section 1130 of the Social Security Act to operate a child welfare waiver demonstration project as set forth in the Waiver Terms and Conditions dated June 30, 2005. CHILDS windows have been added to allow data recording and other needs related to this demonstration project.

Staff Management & Forms

Additional reports and fields were added to Staff Management in CHILDS. These new reports allow CPS Specialists to ensure their personnel information is accurate in CHILDS, and assist personnel liaisons to track staff turnover and the number and identity of personnel assigned to specific districts, sections, and units. The additional fields will eventually be used in an improved organizational unit naming convention to be implemented in FY 2007. The new organizational unit naming convention will eliminate the potential for human entry data errors by ensuring a consistent naming convention when adding or updating organizational units in CHILDS.

2. Case Review System

Arizona's case review system was found to be an area of strength during the 2001 CFSR, particularly in relation to the processes for periodic review of the status of each child, the system of permanency

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hearings for children in foster care 12 months or more, and compliance with Adoption and Safe Families Act termination of parental rights provisions. The State's Practice Improvement Case Review process continues to find that Juvenile Court and FCRB hearings are held routinely on dependency cases, often in excess of the federal requirements, and that motions to terminate parental rights are filed according to the Adoption and Safe Families Act timeframes in the great majority of appropriate cases.

Arizona's case review system contains all the federally mandated components:

- The Division's policies and procedures require written case plans addressing all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that this case plan be developed with family and child input.
- Periodic review requirements are met through Juvenile Court hearings and Foster Care Review Board (FCRB) meetings. In most cases, a Court or FCRB hearing is held more frequently than once every six months.
- Permanency hearings are held within twelve months of the child's initial removal from the parent or guardian, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child's best interest and not ordered. Subsequent permanency hearings are held at least every twelve months if the court determines the child should remain in out-of-home care more than eighteen months from the date of the permanency hearing.
- Foster parents, pre-adoptive parents, and relative caregivers of dependent children receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. State law also provides emergency receiving foster parents and shelter care facilities the right to receive notice of and participate in hearings concerning a child who is currently placed and has been placed for at least 30 days with the provider; or was placed with the provider for at least 30 days within the last six months. The FCRB is especially diligent in encouraging caregiver participation in reviews.
- State law also provides that a child who is the subject of a dependency, permanent guardianship, or termination of parental rights proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or termination of parental rights. The child's attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

Foster Care Review Board

Foster Care Review Boards (FCRB) are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and in an out-of-home placement. A board is established for every 100 children that need to be reviewed. The presiding Juvenile Court Judge in each county establishes new boards by an order, and appoints volunteers to a specific board. There are five volunteer members on each board, with a chair and vice chair designated. An FCRB staff person facilitates each board. The FCRB Reports and Recommendations are sent to the Juvenile Court Judge. Copies of the report are also sent to the parents, foster parents, counselors, attorneys, supervising agency (in most cases, the Department), and other appropriate interested parties. The Juvenile Court Judge reviews the report and considers the recommendations at the time of the next court hearing on the case.

The Foster Care Review Board successfully underwent a legislative Sunset Audit that began in November 2004. The result of the audit is that the FCRB will continue to serve its function. Due to the

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continued increase in out-of-home dependency cases statewide, the Foster Care Review Board opened six additional boards during this fiscal year to ensure that the case of each child is reviewed. Three of the six additional boards are in Maricopa County, one is in Pima County, and the other two were opened in Pinal County. There are currently 95 local boards across the state.

Court Appointed Special Advocates

The State's Court Appointed Special Advocate Program (CASA) continues to play a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the Judge and other team members. CASA Programs throughout the State filed 1,657 reports to the court in the past year. These reports are also disseminated to the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the court. In addition, CASAs continue to be invited to and attend CPS staffings and Child and Family Team Meetings on their children's cases, offering input and opinions on needed services and case planning.

For a description of other activities that were completed or initiated in SFY 2006 to improve the State's Court, FCRB, and CASA programs, see Section III, Part 4, subsection C, Systemic Objective 8. In addition, see Section III, Part 3, *Child and Family Well-Being* for a description of progress and activities addressing the goal of child and family engagement in case planning activities.

3. Quality Assurance System

The Division's quality improvement (QI) system provides a structured and comprehensive process for gathering information from internal and external sources; analyzing the information to evaluate the child welfare system's performance; communicating the information to administrative and field staff, communities, family members, and youth; and developing action plans to address identified needs. All Division staff have the opportunity to participate in the Division's QI system in one or more capacities. In addition, the Division has dedicated practice improvement staff in central office and all districts. Practice improvement and strategic planning management functions are consolidated in the central office Practice Improvement Unit. Practice Improvement Specialists in each of the State's six districts lead case reviews, facilitate district action planning, and monitor and lead district practice improvement activities. District Automation Liaisons identify and facilitate correction of data errors and assist district staff to develop and use data reports to manage and monitor their day-to-day work. Dedication of staff to quality improvement functions has enabled the Division to more closely monitor performance related to CFSR and other key child welfare outcomes, more fully understand underlying issues hindering achievement of positive outcomes, and identify effective practices to improve outcome related performance.

Elements of the Division's QI system include Continuous Quality Improvement (CQI) Teams, the Practice Improvement Case Review, data reports and the Division's Business Intelligence Dashboard, a wide array of program or practice related workgroups and committees, and the central office and district Action Plans for Outcome Achievement. Each element is described below.

- *CQI Teams* – The Division has conducted quarterly CQI Team meetings continuously since January 2002. All staff have the opportunity to participate in a quarterly CQI Team meeting. The structure includes four levels of CQI Teams: Level 1 teams are comprised of local CPS field staff or other direct service or support staff, level 2 and level 3 teams are comprised of representatives from level 1 teams and district or other mid-level management staff, and the level 4 team consists of Division upper management and representatives from level 2 and 3 teams.

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Communication flows between the levels, allowing issues to be raised or lowered to the most appropriate level for action planning. CQI continues to grow as an effective tool for making incremental practice improvements and enhancing communication. It is largely integrated throughout the Division and many issues are being resolved at the lowest level possible. Issues that cannot be resolved at a lower level have been forwarded to higher level teams for consideration. Accountability is important and promoted. Higher level teams are expected to be responsive to suggestions and inquiries raised by field staff. Senior Administrators now review open items twice rather than once a quarter. Many positive improvements for employees, children, and families have resulted from this process, at both local and division levels. For example, at the local level:

- One team used CQI to improve birth parent involvement with foster care parents. They stated, “The impact of having clients involved in a CQI meeting in Prescott was tremendous. Clients made a list of 5 things that worked and 5 things that didn’t. It was inspirational and validating.”
- Another team at a district level was able to re-distribute investigation reports in a more equitable manner, allowing for the more timely completion of investigations.
- One district was inspired by their review of customer satisfaction survey results to improve communication with foster parents and kinship care providers, which as their CQI Lead noted, “Was simple to fix.”
- Teams at the Hotline developed a triage system to speed up the processing of calls. For those callers who had concerns which did not meet the level of a report, the Hotline created a protocol to help the callers resolve their issues and provided lists of community resources.

Examples of improvements at the State Level included:

- Development of a statewide “Roving CPS Unit” to assist local units with staff shortages.
 - Establishment of an improved Employee Recognition Program.
 - Development of a DCYF Newsletter to improve Division wide communication and better celebrate successes.
 - Testing and approval for voice recognition software to facilitate faster completion of case notes.
- *Practice Improvement Case Review* – Each of Arizona’s six districts participates in an annual review of randomly selected cases, using an instrument based closely on the federal CFSR On-Site Review Instrument. Three hundred and thirty cases are reviewed each year, including fifteen of each case type in Arizona’s four smallest districts; twenty of each type in District II (Tucson), and thirty of each type in District I (Phoenix/Maricopa County). Cases for review are randomly selected from those active in the first three months of a six month period under review. The six month period under review ends in the month the case is reviewed, which ensures current practice is measured. Using a current period under review also makes it easier to contact case participants when clarification or other information is needed.

The Practice Improvement Case Review Instruments include substantial item rating guidance to improve reliability. The instruments continue to include the items and instructions from the CFSR On-Site Review Instrument. Additional guidance based on State policy and best

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practices clarifies when a case should be rated strength versus area needing improvement. Cases are reviewed by supervisory, management, and other staff in the district under review. Each completed instrument is read by the District Practice Improvement Specialist and the Central Office Child and Family Services Manager to ensure reviews are accurate and thorough and that there is consensus on item ratings. Item ratings are based on a review of the CHILDS record, the hard file, and interviews with case participants when necessary.

- *Data Reports and the CPS Stats Dashboard* – The Division uses a multitude of data reports to monitor outcome achievement and data integrity. Data reports provide information on areas such as timeliness of data entry of investigative findings and placements of children in out-of-home care, numbers of children entering and exiting out-of-home care, achievement of adoption milestones, and many others. In SFY 2006 the Division developed skills of district and central office staff in the interpretation and application of data reports. The Division is also providing an increasing number of reports and related data tables electronically rather than hard copy, to improve accessibility and timeliness of data provision to district staff.

The CPS Stats Dashboard is an online analytical reporting tool that helps field staff monitor and manage their District's, Area's, and Unit's caseload by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The dashboard became available to CPS Unit Supervisors on February 1, 2006. For the Dashboard's February 2006 release, the following three Key Performance Indicators were identified: Timeliness of initial response to reports of child maltreatment, timeliness of investigation completion and recording of investigation findings, and frequency of agency in-person contact with children, parents, and out-of-home care providers. The Division will continue to add KPIs to the Dashboard in 2007.

- *Committees and Consultation Activities* – The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. Examples of inter-agency organizations, committees, and consultation activities during SFY 2006 are listed in Section III, Part 4, subsection A.6. *Consultation and Coordination with External Stakeholders*.
- *Action Plans for Outcome Achievement* – At the conclusion of the case review, the District Practice Improvement Specialist writes the district's annual self-evaluation report, describing the case review findings and other outcome related data. Based on the results of the self-evaluation, the District Practice Improvement Specialist facilitates development of an *Action Plan for Outcome Achievement* to address areas identified as needing improvement and build on the district's strengths. These plans are developed with district case-carrying staff input, using the CQI Team process and other staff meetings. Implementation of the action plans is monitored by the District Practice Improvement Specialist, who reports progress and barriers quarterly to the Central Office Practice Improvement Unit.

The Division's central office uses a similar process to develop an *Action Plan for Outcome Achievement*. The central office *Action Plan* is designed around the CFSR safety, permanency, and well-being outcomes and performance areas, with the addition of goals set by the Division. The *Action Plan* is developed with staff and stakeholder input in conjunction with the Child and Family Services State Plan and Annual Progress and Services Reports. Evaluative information from the Child and Family Services Review process is heavily weighed during plan development, and any active CFSR Program Improvement Plan (PIP) is fully incorporated into the Central

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Office Action Plan for Outcome Achievement. The central office *Action Plan for Outcome Achievement* is monitored by the central office Practice Improvement Section to track progress and identify barriers to goal achievement throughout the year. These district and central office action plans have helped to maintain momentum in program improvement following the State's successful completion of the CFSR PIP.

In addition to the quality improvement system, the Division has several quality assurance processes in place to ensure a consistently high standard of practice in accordance with agency policy and State and Federal law. The Division's policies and procedures set practice standards against which the quality of case work can be assessed. The policy manual is available to all staff, on-line, through the CHILDS system. Examples of case specific quality assurance processes include:

- Quality Assurance reviews of calls to the child abuse Hotline to ensure allegations meeting the criteria of a CPS report are taken as reports for investigation
- Protective Services Review Team review of all proposed substantiated findings of abuse or neglect
- Removal Review Team reviews within 72 hours of a child's removal from home
- Case plan staffings
- Court hearings and Foster Care Review Board meetings
- Supervisory review of hard copy and automated case records at the time of case transfer, closure, and at least every six months on open cases
- CHILDS data reports for data quality assurance

4. Staff and Provider Training

The Division provides initial and ongoing training for child welfare staff through a variety of methods and opportunities, including:

- Pre-core/New Employee Orientation training
- Case Manager Core training
- Supervisor Core training
- Parent Aide Core Training, also provided through the CWTI
- Specialized one-on-one training refreshers on CHILDS and the *Child Safety Assessment and Strengths and Risks Assessment Tool*
- Specialized and advanced training, including workshops and conferences on topics such as gangs and methamphetamine abuse
- Out-service training
- Tuition reimbursement
- The Arizona State University School of Social Work stipend program
- The Arizona State University Advanced MSW program
- The Arizona State University Part Time Community Based MSW program
- Policy training
- District offered training
- CHILDS training

Foster and adoptive parent training is now provided statewide using a nationally recognized and standardized curriculum. The curriculum, PS-MAPP (Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting), stresses shared parenting and family-centered practice. The Division now has over 300 providers and resource parents who have been trained and approved as training facilitators, which enables them to deliver the 30 hour program to potential resource families.

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Over 800 resource parents, CPS and DDD case managers, and provider agency staff have received the six hour condensed version of the training.

For more information on the Division's staff and provider training programs, including accomplishments in FY 2006 and objectives for FY 2007, please see the *Child and Family Services Training Plan*, in Section V of this document.

5. Service Array and Resource Development

The Department provides, directly or through contract, a broad range of services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and meet the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act, as described in Section III, Part 4 of this report. Services are available to prevent placement in out-of-home care, support reunification, or, when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. These services have been described in Section III, Parts 1, 2, and 3 of this Report.

Contracts are awarded for family support services through a competitive solicitation process. Responses to the solicitation must address the required tasks that are to be provided as part of the service. Family support services are required to be community based and have collaborative partnerships in the service provision area. Letters of agreement outlining the collaboration must be submitted as part of the proposal and are included in the evaluation process. The proposals submitted are evaluated for experience and expertise of the responder, service methodology proposed, and rate of conformance to the submittal requirements.

Service array was another systemic area of strength identified during the 2001 Arizona CFSR Statewide Assessment and in the CFSR Final Report. Both reports recognized a wide array of services, including innovative pilot projects and alternative service approaches. Despite the many strengths, service gaps are sometimes identified by families, field staff, and community members. The Department and its partners have accomplished the following to address these gaps:

- *Integrated In-Home Services* – The Division has implemented an integrated services contract for flexible in-home services through community providers. This integrated services model was implemented in March 2006. The services contract increases the array of available in-home services, coordinates services, and better ensures the appropriate intensity of services is provided. For complete information on the integrated in-home services contract, see Part 1, *Safety*.
- *IV-E Demonstration Project* – In July 2005 the U.S. Department of Health and Human Services, Administration for Children and Families, granted Arizona a waiver to conduct a child welfare demonstration project using Title IV-E funds. The State developed, and will deliver, comprehensive in-home and community based services that will: (1) facilitate earlier reunification of children in congregate and licensed foster care settings with their parents, custodians, or guardians; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The Expedited Reunification Program provides a wide range of services including counseling, family centered assessment, team decision making, parenting skills training, home management skills,

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referral to other services such as substance abuse treatment, supportive links to community resources, discharge and aftercare planning, and availability of flexible funding to meet the individual needs of families. For more information, see Part 1, *Safety*.

- *Service Integration* – Service Integration has been a priority for the entire Department of Economic Security. Service integration is a fundamental change in the way the Department does business. It builds individuals’ and families’ capacities to improve their lives by focusing on prevention and early intervention. Through service integration, individuals and families are assessed for their strengths and engaged in developing plans to build on those strengths and reach progressive goals in the areas of safety and self-sufficiency. The collective resources of the entire Department, along with the resources of our partner agencies, community-based organizations, and faith-based groups are utilized in supporting families’ efforts. The Department is implementing many service integration strategies, including Family Connections Teams, TANF Service Coordinators, Jobs Program Request for Proposals, Breakthrough Series Collaborative on Service Integration Local Teams, the Service Integration Community Development/Family Leadership Workgroup, and Community Network Teams. For more information on each strategy, see Part 1, *Safety*.
- *Collaboration on Behavioral Health Services* – Arizona’s behavioral health agency and the Division of Children Youth and Families are working to renew a Memorandum of Understanding from 2002, to continue progress towards increased collaboration and service integration over the last four years. The Division and the Arizona Department of Health Services/Division of Behavioral Health Services have collaborated on numerous improvement activities in FY 2006. For more information, see Section III, Part 3, subsection C, Well-Being Objective 2.
- *Interagency Practice Protocols for Services to Dually Adjudicated Youth and their Families* – In 2004 the Governor’s Office for Children, Youth and Families convened the multi-agency Dually-Adjudicated Committee to thoroughly explore complexities of Arizona’s youth who are involved in multi-systems. This Committee had representation from the Governor’s Office, the Department of Economic Security, the Department of Health Services, the Administrative Office of the Courts, the Department of Juvenile Corrections, Arizona counties, and community stakeholders. The Committee developed “*Interagency Practice Protocols for Services to Dually-Adjudicated Youth and their Families*” to increase communication between agencies who service these youth. A cover letter from the agency directors, including signature page, was developed to accompany the Interagency Practice Protocols.
- *CPS Staff Recruitment and Retention* – Perhaps the Division’s most valuable service and resource is the Division’s own direct service staff. The Division believes that achievement of critical goals such as timeliness of response to reports for investigation and frequency of in-person contact with children and parents will improve when the right people are hired into a work environment that encourages staff to define child welfare as their career. In FY 2006 the Division designed a Recruitment and Retention Plan that was submitted to Governor Napolitano. The Division also developed a Recruitment and Retention Advisory Board comprised of CPS staff from each district and central office staff. This Board identifies methods to improve recruitment and retention, monitors recruitment and retention initiatives, and will develop recommendations to promote a professional and supportive culture that supports recruitment and retention and raises employee morale. The Division began implementing strategies from the plan in SFY 2006. For example, the Division produced a *Realistic Job Video* that must be viewed by

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potential applicants prior to scheduling an interview, developed a “roving staff” concept to assist difficult to fill urban and rural offices, and provided staff with options to more effectively perform data and case note entry into CHILDS (Cyber Secretary, Drag’n Speak, and hand held devices).

6. Current Executive Initiatives

Healthy Marriage

In an effort to educate the community regarding Healthy Marriages, the Department’s Office of Policy, Planning, and Project Control distributes through the Clerk of the Court a Marriage Handbook to marriage license applicants. This Handbook is printed and distributed using 100% State funding. In addition, since 2001, the Department has provided *Marriage and Communication Skills* workshops through local community groups. Persons whose family income is below 150% of the federal poverty level may attend the workshops at no cost. From July 2005 through February 2006, workshops were put on hold pending a new solicitation for contractors. In the two months following the resumption of services, over 65 individuals have participated in Marriage and Communication Skills workshops, of which 90% were members of low-income families.

The Healthy Families Arizona (HFAz) program recognizes the importance of a strong family bond and has worked for many years to educate participants on the importance of healthy relationships. The program starts serving families before the birth of their baby, which presents a greater opportunity to focus on the couple relationship before the child enters the family. The program provides focused staff training on promotion of healthy, positive, long-term relationships. Relevant content areas include: negotiating effectively, listening skills, resolving conflict in a positive way, expressing feedback to one’s partner, development of a solid foundation of respect and trust, and strategies to encourage male involvement in the lives of their children. The Healthy Families Arizona program is administered by the Department’s Office of Prevention and Family Support. HFAz services are provided by private providers in communities across the state. For more information on the Healthy Families Arizona program, see Part 1, *Safety*.

The Department is also applying for federal TANF funds through the US Department of Health and Human Services competitive grants for the Healthy Marriage and Responsible Fatherhood Initiatives. The deadline for submission of the Healthy Marriage grant is June 30, 2006; and the deadline for the Responsible Fatherhood grant is July 3, 2006. The Department is applying to both funding sources to fund programs that promote healthy marriages and positive relationships/bonds.

Responsible Fatherhood

Arizona continues to promote the positive role and perception of men, specifically fathers, within their families and communities. The Department’s Promoting Safe and Stable Families Programs are family-centered and provide services to all family members, including fathers who are available and willing to participate. In addition, the Department’s Promoting Safe and Stable Families Programs include the following programs with positive fatherhood components, all of which will continue into FY 2007:

- *Choices Fatherhood Program* – This program is provided in Phoenix by the Child & Family Resources agency, in collaboration with the Division of Child Support Enforcement and the Arizona Fatherhood Network. Young fathers ages 14 to 35 are supported to create strong families by learning self sufficiency, employment, and life skills; and through child support advocacy.

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- *Boot Camp for New Dads* –The Child Crisis Center East Valley Family Resource Center offers this program that provides hands on experience for new dads.
- *Tohono O'odham Nation Fatherhood Program* – This program provides services to strengthen the role of Native American fathers in their communities.
- *Healthy Families Arizona* – This program is described in detail in Part 1, *Safety*. The Healthy Families Arizona program promotes positive fatherhood by:
 - including fathers in the program from the beginning of the assessment,
 - including content in staff training that pertains to father involvement in children's lives,
 - teaching and encouraging fathers in the program how to be involved with their partners during pregnancy,
 - teaching and encouraging fathers in infant care and attachment,
 - providing videos and written materials that motivate and teach fathers to be better fathers,
 - developing a statewide HFAz Task Force of staff that plans strategies to encourage and support staff involvement with fathers, including development of a web page on the HFAz Web Portal that directs staff to information that they can use in their work with fathers,
 - gathering for the annual evaluation data on father involvement in the program, and
 - provision of statistics on the consequences of fatherlessness and the benefits of father involvement.

All of these activities will continue in 2007, funded by State appropriation, TANF, the federal Community-Based Child Abuse Prevention grant, tobacco settlement funds, the State lottery, and the state Child Abuse Prevention Fund.

Arizona's Promoting Safe and Stable Families (PSSF) and the Arizona Fatherhood Network are sponsoring the 1st Annual Festival of Fathers and Families on June 10, 2006. This no cost event for fathers and their families will celebrate the essential presence of fathers and father figures in the lives of children and families, and offer resources to assist to raise healthy children and build strong families. The theme of the event is "Building Memories." The event will reaffirm the mission of the Arizona Fatherhood Network "to strengthen the positive role and perception of men, specifically fathers, within their families and communities." The PSSF collaborators for this event include the Child Crisis Center, Mesa United Way, Word of Grace Church, and the Division of Children, Youth and Families/Promoting Safe and Stable Families. The Salt River Pima Maricopa Indian Community will also have a Festival of Fathers and Families on June 10th for fathers and their families in their community.

The Arizona Fathers & Families Coalition (AZFFC) was created in 1994 and is dedicated to promoting the advancement of healthy family relationships and increasing the involvement of responsible fatherhood. AZFFC is a national agency committed through effective services, education, training, and advocacy to make a difference in the lives of fathers, mothers, children, and communities. AZFFC is a unique non-profit organization designed to meet the needs of health, human service, education, early childhood, maternal, incarcerated parent, and mentoring programs; and other organizations that need additional assistance to enhance or implement their programs throughout Arizona. Over twenty-one organizations across the valley are involved. AZFFC has been actively involved in a series of events locally, statewide, and nationally, including a series of Institutes on Responsible Fatherhood and Child Well-Being in Arizona and throughout the country. This summer's institute (*Southwestern Regional Fatherhood & Families Institute*) is scheduled for June 28, 2006, in Tucson, Arizona.

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The Arizona Fatherhood Network (AFN) mission is to provide leadership through a unified campaign that is resilient in sustaining effective coordination of collaborative resources and services that support and foster positive and meaningful outcomes by increasing the partnerships with business, government, community, and faith-based organizations statewide. AFN facilitates monthly collaboration meetings and was awarded this year a grant to administer the Parenting Academy. The Parenting Academy is a collaborative effort with the State's Division of Child Support Enforcement, Child & Family Resources, WYSR, the First Institutional Baptist Church, and MAXIMUS. The purpose of this collaboration and referral arrangement is to provide case management, relationship building, child support advocacy and education, and employment and training services for non-custodial parents to assist them in becoming self-sufficient and share in the responsibility of supporting their children.

The Family Connections Project also sets a priority on engaging fathers. Family Connections has established contacts with the Child Support Enforcement (CSE) program to expedite services for families referred by Family Connections. Child Support Enforcement can assist fathers who want to provide financial support to their children. CSE can also assist the custodial father or mother to locate a non-custodial parent whose whereabouts has become unknown and obtain financial support. Provision of consistent financial support can result in more frequent and less contentious visitation arrangements. CSE also assists parents to re-assess child support amounts when the parent loses employment, becomes disabled, or has other income reductions.

Positive Youth Development

State policy on services to youth in foster care under the State's Chafee Foster Care Independence Program has been rewritten to emphasize integration of the principles of Positive Youth Development. Case managers are directed to emphasize these principles in their daily work, including case planning with youth, in order to help youth develop a sense of competence, usefulness, belonging, and power. Positive sense of self is accomplished through youth-centered case planning, acknowledging and respecting each youth's culture and family of origin, inclusion of youth in design and decision making around services and supports, and in all areas of the foster care system.

On a more formal level, the Arizona Statewide Youth Development Task Force is building a comprehensive framework for positive youth development and successful transitions from youth to adulthood. This framework will create strategies to:

- build effective systems and infrastructures that continuously support the successful development of Arizona's youth;
- advocate for viable policy and legislation; and
- increase public and private resources.

The Task Force is housed within the Governor's Division for Community and Youth Development and is a body of twenty-five Governor-appointed youth and adults. Approximately one hundred youth and adults also serve on the Task Force's four Policy Work Groups, focusing on education, youth workforce development, youth voice and advocacy, and positive youth development.

Rural Development Initiative

In FY 2006 each of the State's six districts received new funding for contracts with providers in rural areas. These contracts were for provision of the following services: parent aide, recruitment of adoptive and foster homes, and in-home case management (both moderate and intensive). Prior to the funding for these contracts, case managers in rural areas were responsible for providing these services. TANF

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funded the in-home services and a portion of the parent aide services. State dollars funded a portion of the parent aide and recruitment services. Title IV-E funded the remainder of the recruitment services.

In addition to the new contracts, the rural communities led the way in service integration, working cooperatively with other Divisions within the Department. Most rural offices are housed together with other Department Divisions. The Divisions work collaboratively to provide seamless service integration to their clients. Several rural communities hold monthly service integration meetings where attendees collaborate on ways to improve service delivery. No additional funding was necessary for the service integration.

Faith-Based and Community Initiatives

The Department continues to actively involve faith-based organizations in advisory boards, agency initiatives, and the Governor's Implementation Teams. In addition, targeted recruitment activities and campaigns for children in need of foster or adoptive homes include the faith-based community. Faith-based organizations are also encouraged to respond to solicitations issued by the Department. Many of the Department's purchased services include the requirement that the contractor collaborate with the faith-based community in the delivery of services to families.

In FY 2006 the Department partnered with the faith-based organizations, Faith In Kids, AdoptUsKids and Shohannah's Hope, to provide information on adoption to the more than 10,000 people attending the Steven Curtis Chapman/Mercy Me Christmas concert at the Glendale Arena. The Department is currently working with the Governor's office, State Representative Lean Landrum Taylor, Faith In Kids and other community members in the planning of a Faith-Based Summit in Fall 2006, to enhance collaboration in the recruitment of foster homes and support provided for children in foster care. For more information on the Department's involvement with faith-based organizations to recruit and support foster and adoptive homes, see Section III, Part 4, Systemic Objective 6; and Section IV, *Foster and Adoptive Home Recruitment and Retention Plan*.

For more information on improvements to the Department's service array, please see the program information in Section III, Parts 1, 2, and 3; the *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Report 2005* in Section VI; and the *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report* in Section VII.

7. Agency Responsiveness to Community

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. Stakeholders described the Department's process for seeking external input positively during the 2001 CFSR, and the Final report stated "Arizona should be commended for their efforts reaching out and partnering with external stakeholders." During FY 2006 the Department continued to gather feedback and sought recommendations from external stakeholders.

Collaboration with the Courts

The Division is fortunate to have a history of substantial, ongoing, and meaningful collaboration with Arizona's Juvenile Court. Collaboration occurs at the State and county levels.

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At the State level, the Court Improvement Program's Advisory Committee and Strategic Plan provide much of the structure for collaborative improvement activities. The Division's CFSR Manager; the Program Administrator for the Administration for Children, Youth and Families; and a CPS Unit Supervisor participate in the Court Improvement Program Advisory Committee, through which the Court's improvement activities are identified, facilitated, and monitored. The Advisory Committee includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The Division's CFSR Manager also provides ongoing input into the CIP strategic plan and CIP activities during consultations with the State's Court Improvement Coordinator. The Arizona Court Improvement Program's *Implementation Plan – Phase III* includes the current objectives for improving safety, permanency, and well-being outcomes for children in foster care, including:

- Improve the recording and tracking of data related to dependency case proceedings
- Expedite the court process to assure early permanency for children
- Improve the quality of legal representation for children and parents in dependency case proceedings
- Evaluate the effectiveness of courts in handling dually involved cases
- Evaluate the effectiveness of the Arizona dependency case process
- Provide an annual statistical report to the counties
- Collaborate and build relationships with Arizona's tribes
- Provide information and training to judges
- Populate a Court Improvement Advisory Workgroup with those who share responsibility for providing care, representation, protection for children removed from their homes
- Evaluate the appropriateness of implementing an open dependency court statewide
- Collaborate with the Division of Children, Youth and Families

To achieve the CIP objectives, the Department collaborated with Court Improvement Program in pursuit of the following strategies in the past year:

- *Review and revise the strategic plan, if necessary, at advisory workgroup meeting:* The CIP strategic plan was reviewed at the quarterly CIP Advisory Committee meeting on June 8, 2006. The Division was represented at the June 8, 2006, meeting and provided input into the plan. The Division's CFSR Manager also provides ongoing input into the CIP strategic plan and CIP activities during consultations with the State's Court Improvement Coordinator.
- *Conduct attorney training for at least four counties –* Between September 2005 and April 2006 the Administrative Office of the Courts, Dependent Children's Services Division, conducted attorney trainings in Mohave, Navajo, Apache, Yavapai, Yuma, and LaPaz counties. Assistant Attorneys General, who serve as legal counsel for the Department in Juvenile Court proceedings, assisted to design and deliver the training. Invitation to the trainings is extended to attorneys, Assistant Attorneys General, court personnel, Juvenile Probation Officers and staff, and CPS Specialists and Supervisors. Attendance was generally high. The trainings provide an overview of the current dependency process, a review of roles and responsibilities of attorneys representing children and those representing parents, and information on new court rules and Federal and State laws affecting juvenile court dependencies.
- *Publish third dependency statistical report –* The report for the period of FY 2005 was recently completed and will be published on the Administrative Office of the Court's website. This report includes statistics and other information on County Superior Courts, CASA programs, and FCRB programs. The Division's Child and Family Services Manager provided feedback on the

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report before publication. The Division and the Administrative Office of the Courts have discussed ideas for the use and improvement of statistics presented in this report.

- *Complete open court pilot project report for submission to the State legislature* – The evaluation and final report on the pilot was completed and published on March 5, 2006. The evaluation and report was completed by an Arizona State University PhD student, hired by the Division. The pilot has ended and no legislation was enacted to continue open hearings past the pilot stage. During the pilot, few members of the public attended open dependency hearings.
- *Organize caseflow management training for remaining 12 counties* – Case flow management training will be held the week of June 12, 2006, for Graham, Greenlee, Pima, and Santa Cruz counties; the week of July 12, 2006, for Apache, Coconino, Gila and Navajo counties; and the week of September 11, 2006, for La Paz, Mohave, Pinal, and Yuma counties. Each training is hosted by one of the three counties that participated in the initial pilot of this project: Cochise, Maricopa, and Yavapai. The Caseflow Management Training is based on a national curriculum on Juvenile Court processing of dependency cases. The training is provided to a multi-disciplinary team from each county, including the Presiding Juvenile Court Judge, Juvenile Court administrator, a court information technology specialist, a CPS Specialist and a CPS supervisor or manager, an Assistant Attorney General, an attorney who represents children and/or parents in dependency hearings, a Regional Behavioral Health representative, and a representative from the Department of Juvenile Corrections. The county teams are lead through a process to identify how cases enter the system, concerns or inefficiencies in case processing, and strategies to address identified concerns. Success relies on strong leadership from the Presiding Judge, and maintenance of the team to address issues. Improvements have been seen in the counties that participated in the pilot, including development of a court order to improve access to educational records, and increased participation of RBHAs to provide behavioral health services earlier in dependencies.
- *Complete juvenile rules revision and submit for prospective implementation* – This activity was completed and implemented. A petition to amend the rules was adopted on January 20, 2006 and the rules will be effective July 1, 2006.
- *Adapt Iowa appeals process regarding termination of parent rights, complete required process for passage, and implement* – Arizona chose not to pursue the Iowa appeals process. An alternative petition for rule change was filed with the court in May 2005, received positive comments, and will be on the Supreme Court's Rules agenda in September 2006. If adopted, the new rules will be effective January 1, 2007. These new rules would allow the parents' counsel to avoid filing a meritless appeal, which is expected to reduce delays to finalized adoption for a significant number of children. Appellate delays had been identified as an issue of concern through the Division's Practice Improvement Case Review.
- *Involve educational institutions in dependency process* – Improvements have been made through the Educational Consultant Program, which is housed in the dependency unit of the Pima County Superior Court. Some accomplishments of the Program include: development of a list of Pima County tutors; publication of an educational resource guide, which was subsequently used to train educational advocates; creation of an educational resource phone line; and a Career Day event in April 2006, during which 50 children toured Pima Community College and learned about college level educational opportunities available to them. Division representatives have been involved in this project to improve educational services for children in out-of-home care.

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- *Identify video conferencing sites in counties* – Sites have been identified in some counties, but the CIP has learned that many rural counties do not have video sites available. The CIP will be working with the Court Services Division to address this need. Video conferencing would allow participation in court hearings by parties who are not able to attend in person. The equipment might also be used to expand training opportunities in remote rural counties.

Ongoing and meaningful collaboration with the courts is also occurring at the county level. Maricopa, Pima, and Yavapai Counties have particularly strong court collaboration, and these counties serve more than 80% of the State's dependent children. The following is a description of activities at the county level:

Maricopa County – District I (Maricopa County) managers and field staff participate in ongoing committees that provide a forum to identify and discuss issues and trends in the Juvenile Court and CPS. The District I Program Manager meets monthly with the Presiding Juvenile Court Judge and the Juvenile Court Administrator. The Program Manager and Division CPS Juvenile Court Liaisons attend monthly Juvenile Court Bench Meetings, where they have a standing place on the agenda to highlight issues between the Court and CPS. The District I Program Manager also serves on the Court Advisory Board, which serves at the Presiding Judge's pleasure. This Board is comprised of community members and provides the Court input on various issues. Primarily the group has focused on Juvenile Probation; but has now included CPS. One of the Board's projects has been to award scholarships, and this year the Court scholarships were opened to District I dependent youth. Monthly meetings of a "Tinker Toy Collaborative" have begun. The Collaborative is chaired by the Presiding Juvenile Court Judge and participants included Juvenile Court Administration, Juvenile Probation, ValueOptions (the local Behavioral Health Authority) and CPS. The Collaborative addresses system issues, diverts dependencies, and develops better communication between the systems. Other Maricopa County committees with CPS and Court participation include the District I Community Advisory Group, the Team Decision Making Strategy Committee, and the Maricopa County Collaborative.

District I has co-located two supervisory level positions at each of the county's two Courts. Staff in these positions establish relationships with the Judges and their Assistants to troubleshoot issues; educate the Court on various CPS protocols, procedures, and programs; and meet with individuals who come to the Court to file a private dependency petition. ValueOptions and the Juvenile Probation Department are also hiring Court Liaisons. Together with Juvenile Court Administration, these Liaisons will form a unit and report barriers and issues to the Tinker Toy Collaborative.

A weekly Children's Resource Staffing is held at each Juvenile Court Facility, including representatives from ValueOptions, Probation, Court Administration, CPS, and a Guardian ad Litem. Judges can require a GAL to meet with group prior to proceeding with the filing of a dependency petition. Community members who are considering filing a dependency petition may also be directed to this staffing. The goal is to determine if a dependency is needed or the consumer could be served through community resources or stakeholder services, thereby reducing the number of children in out-of-home care and CPS case load.

Interagency relationship and collaboration between CPS and the Juvenile Probation Department is an ongoing area of focus. The Juvenile Probation Department is administered by the Arizona Administrative Office of the Courts, as are the local Juvenile courts. The Maricopa County Court and CPS are also together on the development of joint training for Probation and District I CPS staff, which will be available later this year. The Juvenile Probation Department also present information or issues

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at the District I senior management meetings, on a quarterly basis.

Pima County – The District II (Pima County/Tucson) Program Manager reports that collaboration with the Pima County Juvenile Court is both significant and effective: “There has been a lot of great work done over the years and the relationships are such that support and collaboration comes naturally.” The Program Manager meets quarterly with the Presiding Judge, the county’s Court Administrator, and the CEO of the local RBHA to discuss systems issues and initiatives. In addition, the District II Program Manager meets monthly with the Model Court Working Committee, which is comprised of representatives from the local RBHA, CPS, and CASA, as well as attorneys, judges, other court personnel.

Significant targeted collaboration occurs in sub-committees and workgroups of the Model Court Working Committee. Current sub-committees include the following:

- *The Permanency Subcommittee* – The goal of this subcommittee is to develop and implement strategies to achieve permanency for children in care more than two years. Actions have included development of a report to identify these children by age, gender, placement, current plan, prior plans, barriers to permanency, relatives, parental involvement, assigned judge, and other relevant factors; and identification and review of current strategies, comparison with strategies used in other jurisdictions, and brainstorming of new strategies. In November, 2005, the Permanency subcommittee divided into three work groups: Community Education, to develop a strategy or forum to educate stakeholders about permanency issues and efforts; Strategies, to collect specific information about each available strategy, define roles, and increase use of each process; and Pilot, to propose a benchmark or other meeting/hearing to address a particular Judge’s cases that meet the sub-committee’s target population.
- *The Dually Adjudicated Youth Workgroup* – The goals of this group are (1) CPS, Pima County Juvenile Court (PCJCC) and Behavioral Health shall identify alternative structure for case management. This will enhance a coordinated response for dually adjudicated youth and family. (2) The reduction in numbers of dually adjudicated youth and family from further penetration in either CPS or PCJCC systems. (3) Increase Behavioral Health participation in case supervision of dually adjudicated youth. Evidenced by the numbers of enrolled Title XIX youth that are dually adjudicated, Behavioral Health participation is desired.
- *Education Committee* – This Committee’s goal is to improve educational outcomes for court-involved youth. The committee currently has 37 members representing six school districts, the Pima County Superintendents Office, Pima Community College, the County Attorney’s Office, group care facilities, contract attorneys, CPS, CASA, the Office of the Attorney General and all areas of juvenile court. Education Consultants provide a resource for any person involved with a child at juvenile court when education issues arise. The Consultants received 52 calls or e-mails requesting information during January through June, 2006. Between September 2005 and June 2006, members of the Education Committee provided eighteen education related trainings to audiences that included judges, attorneys, school personnel, CASAs, mental health and other provider agency staff, foster parents, CPS Specialists, and students from University social work and law programs. Additional specialized trainings have been provided on special education law, educational surrogate parent certification, and the McKinney-Vento Act.

Members of this subcommittee have also been involved in systemic change. For example, the committee has assisted the Governor’s Child Protective Services Reform Committee and Casey

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Family Programs to create a standard court order for statewide use that releases educational records to CPS case managers, and to revise the CPS case plan and court documents to include cues for specific educational information. Representatives of the committee have made national presentations on the collaborative efforts in Arizona, through the National Council of Juvenile and Family Court Judges and Casey Family Programs. Committee members also participated in the break-through series on educational stability in Alexandria, Virginia, in May 2006, sponsored by Casey Family Programs.

- *Family-Centered Practice Committee* – This sub committee has worked to increase the occurrence of Child and Family Team meetings. CFT meetings for Title 19 enrolled and detained youth are now being regularly scheduled and held prior to the Trial Review. Some of these detained youth are also dependent youth. Others may be diverted from dependency and foster care by provision of in-home mental health services or therapeutic placement. Committee participants have also supported various trainings to improve the quality and productivity of Child and Family Team meetings and Team Decision Making meetings. For example, the local Regional Behavioral health Authority funded a four day Facilitation Skills training in early August 2006, for CFT facilitators.
- *Effects of Methamphetamine Subcommittee* – This subcommittee has three workgroups. The data collection subgroup is identifying methods to learn the prevalence of methamphetamine abuse among court involved families, and the rate of positive outcomes in comparison to other families. The treatment workgroup conducted a survey of Assistant Attorneys General, contracted attorneys, CPS Specialists, parents, and judges to identify service gaps for court involved families; and has researched best practice information on the treatment of methamphetamine abuse. The service gap survey has been tallied and results will be distributed in September, 2006. The forum workgroup is planning a conference titled “So You Think You Know Meth? The impact and effects of methamphetamine on dependency cases.” This conference is being sponsored by the National Council of Juvenile and Family Court Judges and will be held in September, 2006. Four hundred invitations are being issued, to include the court, community leaders, mental health and substance abuse treatment providers, and CPS personnel.

A shining example of collaboration between the Court, the Division, and other stakeholders is a Visitation Video that is in the final stages of development in Pima County. This video features national expert Bob Lewis discussing and interviewing youth, birth families, foster families, and adoptive families about the importance of visitation, family connections, shared parenting, grief and many other issues. Completion of the video is expected in August, 2006.

Coconino, Yavapai, Apache, and Navajo Counties – In Coconino County, both Flagstaff CPS Unit Supervisors participate in the Case Flow Management Team, which holds monthly meetings. This project’s core team consists of the Juvenile Court Judge, her two judicial managers, the Assistant Attorney General, the legal defenders, a Juvenile Probation supervisor, and the two CPS supervisors. Others stakeholders are invited as needed. This project is part of a statewide effort to improve court processes and permanency outcomes. In addition, meetings are routinely held between the District III Program Manager, the Chief Juvenile Probation Officer, the Guidance Clinic Director, and the Superintendent of Schools to better coordinate services and improve collaborative efforts toward outcome achievement for dually adjudicated youth. One result of these collaborations has been co-location of a CPS worker in the Juvenile Probation office in Flagstaff.

In Yavapai County, the District III Program Manager, the Assistant Program Manager, and Yavapai

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County Supervisors meet with Presiding Juvenile Court Judge Brutinel at least twice a year and more often when needed, to discuss areas that are working well, those needing improvement, and strategies for change. The most recent meeting addressed issues between the CASA program, Foster Care Review Board, and CPS; court expectations about family visitation; issues with the ICPC; and motions for change of physical custody. In West Yavapai County (Prescott area) the Court improvement Project meets quarterly. The Presiding Juvenile Court Judge, CASA Coordinator, CPS, and the Attorney General meet to identify processes and strategies to move cases through the system more quickly and smoothly. In addition, the Assistant Program Managers (APM) meet with representatives from juvenile probation and behavioral health to improve collaboration and coordination of services; an APM attends the Yavapai County Meth Awareness Task Force, which includes court personnel; and the Assistant Program Manager and Practice Improvement Specialist met with Yavapai County CASA volunteers to improve communication between case managers and CASAs and provide an introduction to Family-Centered practice.

Yavapai County Presiding Juvenile Court Judge Robert Brutinel is very active in court improvement activities at the county and state levels. Judge Brutinel serves as Chair of the Arizona Court Improvement Program Advisory Committee and has been instrumental in many of the accomplishments of the CIP. In FY 2006 Judge Brutinel assisted to craft and introduce a bill that resulted in new state law giving courts the authority to order court appearance and other action by behavioral health providers. At the local level, Judge Brutinel worked with the Department and the Arizona Health Care Cost Containment System to ensure that parents participating in drug court receive a Title 19 eligibility intake, even if they are late for the scheduled appointment. Judge Brutinel recognized that failure to attend appointments on time is a symptom of the drug addiction for which the person is attempting to seek help and that strict adherence to appointment times presents an unnecessary barrier to recovery. The Yavapai County Court, the Office of the Attorney General, and the Division have also worked to develop a permanency mediation process and to virtually eliminate court continuances. In SFY 2007 the Yavapai County Court, the Division, and other community members are developing a Best for Babies initiative that will focus on the needs of children age birth to three. This initiative will include CASA training on fostering attachments, to prevent the development of Reactive Attachment Disorder and other attachment related emotional and behavioral issues in adolescence.

In Navajo County the CPS Investigative Unit Supervisor attends meetings of the Navajo County Inter-agency Council, which includes Court personnel. Part of this group's responsibility is to develop joint investigative protocols and provide child abuse reporting training to the community. This Supervisor also participates in the case flow management team, which includes the Juvenile Court judge.

In Apache County the CPS Unit Supervisor in St. Johns meets with Juvenile Court personnel on a monthly basis through the Apache County Youth Council. The Superior Court Judge attends this meeting several times a year. This Unit Supervisor also attends monthly meetings with the Court regarding the Methamphetamine Coalition grant and the Court Caseflow Project.

Yuma, Mojave, and La Paz Counties – In these counties (District IV), members of the leadership team, including the Program Manager, Assistant Program Managers, Supervisors, and Program Specialists meet with court representatives on a monthly basis. These meetings are usually in the form of group meetings. When the Judge is not able to participate, he or she will identify issues for the group to address. Most recently, the group has worked to improve services to youth served jointly by CPS and the Department of Juvenile Probation. The courts are especially interested in agencies working together to resolve issues outside of the courts, where appropriate. In these counties, collaboration with the courts and other groups has had a particularly significant impact on the district's reduction in the number of children in

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out-of-home care and in congregate care. The number of children in out-of-home care reduced by 12% in the year ending July 2006. The number of children in congregate care decreased by 39.5% in the year ending July 2006.

Pinal and Gila Counties – In these counties (District V) quarterly meetings are held between the District Program Manager or Assistant Program Manager, the Assistant Attorney General, the Presiding Judge, FRCB members, contracted attorneys, and others to address issues that arise and keep communication open. In addition, the Program Manager occasionally meets individually with the Presiding Judge to address specific issues. Issues recently under discussion have included quality and timeliness of reports to the court, court calendaring, and continuances of hearings. Procedures for emailing court and FCRB reports in Pinal County have been developed to assist with timeliness of report submission. Court calendaring and continuances have emerged as issues due to growth in population and out-of-home care. In addition, District V management is also participating with the courts in Gila and Pinal Counties on Juvenile Justice Summits, a Domestic Violence Coalition, and a Methamphetamine Alliance.

Consultation with Youth

The Division uses many avenues to involve youth in agency needs assessment, planning, and program improvement. For example:

- The Youth Advisory Board is comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals. The Board meets quarterly to discuss challenges facing youth as they prepare for adulthood; and provides input on the program goals and objectives in the State Plan on Independent Living.
- Youth have participated in various staff and provider trainings, conferences, and public forums to educate staff, contract providers, advocates and the general public on the needs of older youth in care.
- Youth are continuing their involvement in the development of mentor programs for youth, including peer mentoring programs and others.
- Arizona was recently accepted by the Foster Care Alumni of America as one its Chapter organizations. Two of Arizona's alumni are spearheading this effort. These alumni are currently employed by the In My Shoes Peer Mentoring Project and the Governors Office. Financial and other incentives will be used to support youth participation in these efforts.
- Youth are developing a website to provide information and support amongst current and former foster youth. This site will sponsor a survey of youth in care and alumni designed to gauge the effectiveness of program services.
- Youth continue to provide input and recommendations to the State Independent Living Specialist to help refine and enhance Arizona's Education and Training Voucher Program, driving ongoing improvements to this program. For example, it is anticipated that a state website/webpage for youth in care will provide for online submittal of the state ETV application.
- Youth are currently working with the state Office of Licensing, Certification and Regulation to participate in site monitoring of group home facilities. They have developed a plan that will also support their involvement in a number of activities related to the licensing and monitoring of

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group care facilities, including Corrective Action Plan reviews, yearly renewal activities, unannounced site visits, and review of facility policy/procedures on visitation, allowances, discipline, youth employment and other teen issues.

- The 2006 Annual Arizona Statewide Youth Conference will focus on court improvement and youth advocacy. Community partners have arranged for the California Youth Connections Program to deliver this training. Approximately 100 youth participate in this conference each year.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section VI, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

Other Inter-agency Organizations, Committees, and Consultation Activities

- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agencies, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The Community Network Teams* – These Teams were created by the Department throughout Arizona as part of the Governor’s Reform Plan, to strengthen the Department’s local advisory boards. There are currently nineteen Community Network Teams across all fifteen Arizona counties. The Network Teams are comprised of the prior advisory board members, representatives of State agencies, community providers, families, educators, tribes, courts, victim advocates including domestic violence, faith-based and philanthropic organizations, and businesses. The Networks are charged with submitting a plan to the Department’s Director identifying existing services, resources, and family supports within the community, including service gaps. These teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Several teams utilize the Asset-Based-Community-Development (ABCD) methodology to increase the well-being of children and families.
- *The Healthy Families Arizona Program Steering Committee* – This community based group was begun in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the Steering Committee is to seek expansion, diversification, and stability in the funding of the Program.
- *ICWA Liaison Meetings and The Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Division’s consultation activities with the State’s Native American Tribes, see sub-section 8, below.
- *Request for Information Meetings* – These meetings are held with providers for new services, prior to the Request for Proposals being issued.
- *Surveys, Focus Groups, and Community Forums* – Throughout the year, the Department conducts focus groups, surveys, and community forums with families and stakeholders when input is needed

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on an identified issue. For example, in the past year a series of focus groups and surveys was conducted to gather community input around privatization of child welfare services in Arizona.

- *Recruitment and Retention Plan Development* – The Department developed a comprehensive statewide Foster and Adoptive Home Recruitment and Retention Plan that resulted from consultation with various stakeholders. Input was received from the AFCAC, a foster and adoptive parent survey, the State Office of the Auditor General's report on placement stability and foster parent communication, and the Governor's Action Plan for CPS Reform. Implementation of the strategies occurs in partnership with Arizona's Association for Foster and Adoptive Parents, AdoptUSKids, Adoption.com, contracted licensing and certification providers, the Department's Public Information Office, the Department's Office of Licensing, Certifications, and Regulation, Native American tribes, and faith based organizations.
- *Governor's Children's Cabinet* – The Cabinet's purpose is to remove barriers to success by focusing attention and resources on problems facing Arizona's children, families, and communities; and by coordinating policies and service delivery systems. The Cabinet membership includes Governor Janet Napolitano, Directors from child serving State agencies, a presiding Juvenile Court Judge, and the Governor's Office for Children, Youth and Families. The priority goals of the Cabinet include:
 - Children have access to affordable, high quality physical and behavioral health care and grow up in healthy environments.
 - Children start school ready to succeed and have quality educational experiences from preschool through graduate school.
 - Children live in safe, stable, and supportive families and neighborhoods.
- *Maricopa County Vision for Youth* – On March 30, 2006, the Department participated in a community collaborative sponsored by Casey Family Programs to develop a common vision plan that will best assist older youth to make a successful transition to adulthood. This vision identified six collaborative efforts to be in place within three to four years. These are: Alumni & Peer Mentoring, Universal Literacy in Transitional Youth, Community Support for Youth Development, Continuing Improvement of Well Coordinated Resources and Training, Coalition for Transitional Services, and A Network of Centers for Comprehensive Seamless Services. A sub-group of participating community stakeholders is working to develop an action plan to bring back to the original group.
- *Department of Labor Shared Youth Vision* - The Department of Labor Shared Youth Vision Arizona Team is an ongoing workgroup which involves multiple agencies whose focus is to ready young people for adulthood through education and employment training. This team is facilitated by the Governor's Office for Children and Families. Target population is youth transitioning from foster care or juvenile justice settings and homeless youth. The group has identified the need to build streamlined referral processes, individualized education and training opportunities, and wrap around support to increase positive outcomes for youth. The group will be participating in a strategic planning session on June 22, 2006.
- *Statewide Teen Pregnancy workgroup* – The Governor's Office is facilitating a work group that includes members of the Governor's Office on Children, Youth, and Families, the Arizona Young Adult Program, community Teen Pregnancy Prevention organizations, the Department of Education, the Department of Health Services, and others. This group is actively working to explore, identify, and implement strategies to address the high rates of teen pregnancy among youth in foster care and the juvenile justice systems. Efforts are focused on the development of a comprehensive health education policy for youth in systems of care, to include an effective training curriculum that will be

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applicable for staff, caregivers, and youth in care. The desired result of these efforts is a reduction in the incidence of teen pregnancy and sexually transmitted infections among our current and former foster youth.

Inter-Agency Coordination of Services

Stakeholders interviewed during the 2001 CFSR on-site review cited examples of positive ongoing collaboration and coordination of efforts, both at the system and the case level. Case records further provided evidence of collaboration between the Department's case managers and schools, especially in rural areas, and examples of case managers assisting families to access services through other human service agencies. This systemic area was identified as a strength for Arizona's child welfare system during the 2001 CFSR.

During SFY 2006, the Department continued its inter-agency collaborative efforts with other human service agencies, at both the administrative and case level. The Department is involved in much programmatic and administrative collaboration to ensure that children and families are served in the most integrated manner possible. Some examples include:

- The Children's Behavioral Health IGA Executive Committee, including Family Involvement and Clinical Subcommittees
- The Court Improvement Program
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.
- The Council of Governments' (COGS) county-based Councils
- The Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- The Dually Adjudicated Youth Committee
- The Child Welfare Case Management Advisory Committee
- The Family to Family initiative
- The CPS Committee on Education
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Force
- The Maricopa County Vision for Youth Community Collaborative

The Department also coordinates with the Arizona Department of Juvenile Corrections to ensure children with criminal and delinquency issues receive child protection services when needed. Each year the Division conducts many assessments of child safety and risk initiated by a report from a youth's juvenile probation officer or guardian ad litem, or by a court order from a juvenile court judge hearing a delinquency or criminal matter. These cases may be closed after the investigative assessment if the youth's needs are being met by the parents, relatives, or community agencies. In other cases the youth becomes dually adjudicated as both a delinquent and dependent ward of the court. Dually adjudicated youth can reside with their parents, in kinship homes, or in licensed foster homes or treatment facilities. Some reside in juvenile correctional facilities, juvenile detention, or therapeutic placements paid by the juvenile justice system.

In some cases it is determined that the youth's needs are best met through the Department of Juvenile Corrections and services through the Division are no longer necessary. CHILDS data indicates that during FFY 2005 6,214 children discharged from the care of the Department. Eighteen of these children are confirmed to have discharged to the juvenile justice system or adult Department of Corrections to receive services appropriate to delinquency or other criminal issues. These children were identified by

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extracting from the State's SACWIS system (CHILDS) a list of all children showing a removal and reason of "transfer to another agency," and who were age eight or older at the time of discharge from the Department of Economic Security's care and custody. Narrative case information was read to identify the agency to which each child transferred. This analysis identified just eighteen children who transferred to the legal custody of the juvenile justice system or Adult Department of Corrections. All of these are cases in which the child was in the care and custody of the Department of Economic Security (foster care system) for at least one day during FFY 2005 before transferring to the sole custody of the correctional agency.

8. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance

Collaboration Activities

Since American Indian people are citizens of the States in which they reside, local government agencies and entities have the responsibility to serve the American Indian population that resides in their city, county, or State. The Arizona Department of Economic Security is responsible for providing protection for American Indian children who are under the care and responsibility of the State. The CHILDS information system includes the American Indian Detail Window, which is used to record and display American Indian children's maternal and paternal family information and affiliations. The Department of Economic Security, Division of Children, Youth and Families, developed comprehensive policy and procedures that support the provision of services and the development of intergovernmental agreements with Arizona Indian tribes. This policy, developed jointly with tribal, Division, and Office of the Attorney General staff, also supports the consistent implementation of the Indian Child Welfare Act (ICWA) provisions throughout Arizona.

The Division's Indian Child Welfare Specialist meets regularly with tribal affiliates and designated State and tribal ICWA liaisons to address common concerns and monitor ICWA implementation and compliance measures outlined in the State IV-B Plan. The ICW Specialist consults with federal, state, and tribal social services regarding implementation of the ICWA and participation in Titles IV-B and IV-E of the Social Security Act. To ensure compliance with the ICWA, the ICW Specialist provides technical assistance, case consultation, training of State and tribal child welfare staff, and qualified expert witness testimony in State courts. Case consultation and expert witness testimony are provided in collaboration with State and tribal attorneys and case managers. Additional consultation and training on Title IV-E participation is provided by the State's Title IV-E Specialist.

The Division contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) to provide consultation, technical assistance and liaison services to 21 tribal governments in Arizona. The ITCA disseminates information among tribal leadership to promote awareness of child welfare matters, performs policy analysis, sponsors public forums to ensure tribal leadership understand federal and state policy initiatives, and sponsors the annual Indian Child and Family Conference and Child Protective Services Training. DES participates in the delivery of training related to child safety and risk assessment.

The effectiveness of efforts to comply with ICWA is continually evaluated through a consultation process that began in 1996. Joint strategic planning activities between the Division and tribal affiliates are conducted on a frequent basis. For example, the statewide Native American Foster/Adoptive Families Recruitment work group convened and has continued periodic meetings since August 2005 to develop the Division's first comprehensive and coordinated statewide recruitment plan for Native American children in state custody. Of the 21 Indian tribes, 10 tribes are represented on the work group. The ICWA related objectives and benchmarks included in this report will continue to improve and

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maintain compliance with the ICWA, and have been reviewed and approved by Arizona Indian Tribes via a series of face-to-face meetings.

Specific Measures to Improve and Maintain Compliance with the Five Major ICWA Requirements

The Department's Child Welfare Services (Policy) Manual includes a separate chapter on the Indian Child Welfare Act, which includes the following topic areas: 1) Identification of Any Child As American Indian Child; 2) Tribal Involvement Prior to Filing a Dependency Petition; 3) Removal and Temporary Custody of a American Indian Child; 3) Voluntary Consent to Foster Care Placement of a American Indian Child; 4) Providing Services to Facilitate Family Reunification; 5) American Indian Child Placements and Placement Preferences; 6) Permanent Guardianship; 7) Termination of Parental Rights and Adoption; 8) Consent to Adoption; 9) Foster Care as a Planned Living Arrangement and; 10) Providing Independent Living Services and Supports. This chapter was developed in consultation with tribal representatives to improve compliance and performance with the major ICWA requirements.

Identification of Indian children is achieved at different stages of the investigation and dependency proceeding. For example, during the initial CPS investigation State case managers are required by policy to ask every family whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the case manager gathers identifying information from the parent and other sources regarding maternal and paternal extended family members' names, dates of birth, addresses, and tribal affiliations, the name and location of the Indian Reservation to which a person is affiliated with. Compliance with this requirement is measured through the State's Practice Improvement Case Review. In addition, Arizona Revised Statutes require the county juvenile courts to inquire at the onset of an initial dependency proceeding whether the dependency petition involves an American Indian child. The court further inquires whether all provisions of the Indian Child Welfare Act (ICWA) have been met. The dependency proceeding will not proceed until all ICWA requirements have been met.

Notification of Indian parents and Tribes of proceedings is the function of the Office of the Attorney General. Notice by registered mail with return receipt requested is given to the parent(s) and every tribe to which the parent and child claims affiliation. Notice is even given in cases where doubts remain whether the child is an Indian child. The Bureau of Indian Affairs is given notice whenever there is reason to believe a child is of American Indian descent and tribal affiliation is unknown.

When an identified American Indian child is removed from a parent, every effort is made to follow the Special placement preference per State policy. Placement with a maternal and/or paternal extended family member who is willing and able to provide care for the child is always a priority. The majority of American Indian children removed are placed with extended family members. State and Tribal case managers often collaborate in identifying and locating potential extended family member caregivers who reside on Indian Reservations. In addition, Indian tribes and the Arizona Department of Economic Security share licensed resource families for children who can not be placed with extended family members.

The ACYF Indian Child Welfare Specialist (Specialist) is considered the state "qualified expert witness" and is frequently called upon to provide testimony in State court dependency and/or severance proceedings. In preparation for these hearings, the Specialist performs a wide range of tasks; to include a complete review of case file information including legal and court documents. The Division's Indian Child Welfare Specialist collaborates with the Office of the Attorney General prior to dependency or termination of parental rights proceedings to prepare and provide qualified expert testimony in Juvenile Court. This provides an opportunity to assess the Department's overall compliance with the major ICWA requirements on a case specific basis, including active efforts to prevent the breakup of Indian

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families. Feedback is provided directly to the CPS case manager, and areas needing improvement are integrated and reinforced in Case Manager CORE training. In addition to internal processes focused on compliance, regularly meetings with tribal affiliates and designated State and tribal ICWA liaisons further assist the Division to monitor ICWA implementation and compliance.

The policy and procedures for the delivery of services to Indian Children strongly encourages utilization of culturally appropriate reunification services such as Family Group Decision Making, talking circle, Native American ceremonial and religious practices, and tribally operated programs which reflect Native American values and beliefs of the family and child rearing practices. The Indian Child Welfare Specialist is often asked to coordinate and facilitate the identification of culturally appropriate services via tribal social services staff.

A specialized case management unit in Maricopa County (often referred to as the ICWA Unit) provides on-going family reunification services to approximately 180 Native American children. The Unit is staffed by five Native American and three non-Native American CPS Specialists. Performance trends noted by this Unit include:

- expeditious identification of potential relative caregivers;
- Native American parents are more likely to engage in case planning and participate in case plan tasks on a consistent basis;
- fewer case plan goal changes from family reunification to adoption;
- significant collaboration and communication with the children's Indian tribe; and
- less time in out-of-home care.

In addition to establishment of a specialized Unit to manage ICWA cases, all other Districts have designated staff that specialize in the implementation of the ICWA. These staff provide consultation and training regarding ICWA requirements to District staff, and facilitate services for Native American children and their thorough tribal Social Services.

Use of tribal courts in child welfare matters, tribal right to intervene in State proceedings or transfer proceedings to the jurisdiction of the tribe

DCYF makes diligent efforts to provide Indian tribes an opportunity to exercise their right to either intervene or assume legal jurisdiction of a Native American child who is the subject of the ICWA. On a consistent basis, DCYF District designated ICWA liaisons, CPS case managers and the Indian Child Welfare Specialist collaborate and assist tribal child welfare staff to accept and transfer of custody. Department policy and procedures fully support the intervention and transfer of jurisdiction of Native American children to tribal court. Existing State/Tribal Intergovernmental Agreement (IGA) and practice support Department funded transition services during the transfer of a Native American child to tribal courts. This support enables the tribe to transition the child and family into local child welfare services.

During FFY 2005, 596 children identified as American Indian in the custody of the Department had been served in out-of-home care. This is a duplicate count and includes children who had entered care more than once during this reporting period. Of the 390 American Indian children who discharged from out-of-home care during FFY 2005, 58.5% (228) were successfully reunified with their families. Of these 228 children, 82% (187) were reunified in less than 12 months from the time of the latest removal from home. Only 11.8% (46) children who discharged during FFY 2005 exited to adoption and 17.4% of these children (8) exited to a finalized adoption within 24 months for the time of the latest removal. The percentage of American Indian children exiting to reunification is slightly higher than the percentage of all children discharged during FFY 2005 who exited to reunification (54.7%). However, the percentage of American Indian children discharged during FFY 2005 who exited to adoption was less than the

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17.7% from the general population who exited to adoption. This difference is likely due to Native American cultural norms that do not support adoption as a preferential method for permanency, and successful collaboration with tribal social services staff.

During FY 2005, the Department took steps toward addressing several ICWA related objectives. For information on the Department's ICWA related activities in FY 2006, see Part 4, sub-section C, Indian Child Welfare Objectives 1 through 5.

9. Foster and Adoptive Home Licensing, Recruitment, and Retention

Arizona maintains standards for foster family homes, adoptive homes, and child care institutions in statute, rules, and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification, and court approval processes, including extensive home studies and criminal background checks. Homes are monitored for compliance by community based agencies under contract with the Department through annual license renewal home studies and/or home visits by the licensing specialist and/or case manager. All licensing and regulatory functions within the Department are consolidated within the Office of Licensing, Certification and Regulation (OLCR). Establishing a single point of regulatory authority within the Department that is separate from the programmatic and child placement functions has eliminated duplication, streamlined licensing processes, and standardized application of all licensure and regulatory standards.

Arizona's recruitment efforts seek to provide every child an opportunity to find a safe, stable, and permanent home. Recruitment aims to establish an array of potential foster and adoptive parents that reflects the ethnic and racial diversity of the foster child community, and is equipped with the skills, tools, and supports to adequately meet the needs of children in their care. The Department's recruitment efforts seek to build strong relationships with communities of color, increase the numbers of foster and adoptive families of color, and build upon the cultural alliances of these communities.

Arizona has taken important steps to engage the community in the recruitment of foster and adoptive families. With community involvement at the center of recruitment, Arizona has implemented several new recruitment tools which include a call center equipped to respond to public inquiries, a statewide marketing campaign, regional community recruitment liaisons, and a collaboration with Native American tribes for the purpose of recruiting families for Native children.

Arizona continues the implementation of the Family to Family model, whereby foster and adoptive parents are recruited from the communities in which children are being removed. At this time, Family to Family is being implemented in the State's two largest counties, Maricopa and Pima, but strategies and activities from the Family to Family model are also being used in other counties. It is hoped that through this model children will remain in their own communities and maintain nurturing ties with friends, neighbors, and others who support them during and after their foster care experience. Kinship care is equally valued, recognizing that involving extended family in case planning increases permanency options and stability for children. The goal is to build lifelong connections for children.

Arizona utilizes various inter-state adoption recruitment resources, including the Adoption Exchange Association's AdoptUSKids, Adoption.com, the Arizona Adoption Exchange Book, quarterly newsletters to Arizona's foster parents and adoptive parents, and listing on the CHILDS Central Adoption Registry. Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements.

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Adoptive placements are intended to be lifelong homes for children. Arizona has developed an array of pre and post-adoption support services to support permanency and stability through adoption. These services include placement of children on the Central Adoption Registry, preparing a child for the adoption process and for the selection of an adoptive home, recruitment and thorough assessments of adoptive homes, continued monitoring and support to adoptive homes, application for adoption subsidy services, and mental health services. In addition, the Department is exploring the development of post adoption legal services.

Diligent Recruitment Efforts and MEPA

Diligent recruitment in Arizona endeavors to provide all children with an opportunity for placement and all potential parents with the information and support needed to adopt or foster children. Diligent recruitment provides for the recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state who need homes. Arizona policies and procedures were reviewed by the Region IX Department of Health and Human Services in FFY 2003 and were found in compliance with the MultiEthnic Placement Act (MEPA) and its Interethnic Provisions.

The Department contracts with community agencies statewide that recruit potential foster and adoptive parents that are willing and able to foster or adopt children needing placement. As a result, there have been more targeted recruitment efforts to reflect the characteristics of the foster care population in Arizona. Current contracts for foster care and adoption home study, recruitment, and supervision include incentives for:

- placement of a sibling group and/or a child age ten or older,
- each newly licensed/certified ethnically diverse foster/adoptive family,
- adoption placement of a child whose ethnicity is over-presented in the foster care system,
- each newly licensed foster home during the contract year, and
- each newly certified adoptive home during the contract year.

For a more detailed description of the Department's foster and adoptive home recruitment and retention program, accomplishments in FY 2006, and activities planned for FY 2007, see the *Foster and Adoptive Home Recruitment and Retention Plan* in Section IV of this Report.

B. Outcomes, Goals, and Measures of Progress

Arizona was found to be in substantial conformity with all but two systemic areas evaluated during the 2001 Child and Family Services Review, and successfully achieved the CFSR Program Improvement Plan in relation to the Quality Assurance and Training systemic factors. Therefore, the Department's goal is to maintain current strengths while continuously improving systemic areas as needs are identified through the Department's consultation and practice improvement processes. Consultation with internal and external stakeholders has been especially critical to this ongoing evaluation, and has been supplemented by the State's AFCARS, NCANDS, and Practice Improvement Case Review data.

C. Fiscal Year 2006 Objectives and Accomplishments

Arizona's Child and Family Services Plan, submitted June 2005, listed the following objectives (strategies) for FY 2006. Many of these objectives were identified through the State's QI system, including case review, data analysis, and consultation with stakeholders. Objectives and benchmarks related to Departmental compliance with the Indian Child Welfare Act were identified during a series of face to face consultation meetings with Arizona Indian tribes. Meetings are held regularly with tribal

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representatives to monitor progress toward completion of the benchmarks and achievement of the objectives and goals. A description of the State's progress toward achieving each objective is provided.

Systemic Objective 1: Expand the role of community volunteers, including faith-based organizations

1. Continue using Community Network Teams (CNT) that include representatives from state agencies, community providers, families, educators, tribes, courts, victim advocates, faith-based and philanthropic organizations and businesses, to identify local community services underutilized by child welfare system
2. Implement CNT plans identifying existing services, resources, and family supports, community needs, and barriers to connecting families and children to services within their home communities

There are currently nineteen Community Network Teams across all fifteen Arizona counties. These teams develop plans; identify existing services, resources, and family supports within their local communities; and address gaps in services. These teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Several teams utilize the Asset-Based-Community-Development (ABCD) methodology to increase the well-being of children and families.

Systemic Objective 2: Support consumer and stakeholder involvement in the design and oversight of the CPS system and improve response to all constituents

1. Continue to hold meetings of implementation teams for CPS reform, including consumers/stakeholders in the teams
2. Continue to hold meetings between the State Foster Youth Advisory Board and the State's Governor or the Governor's Office liaison to the Board
3. Continue to hold meetings of the Governor's Oversight Committee for CPS Reform

The CPS reform implementation teams completed the vast majority of their work within the last two years. Ongoing work included some of the recommendations of the staff recruitment and retention team. The continued work of this team was incorporated into the work of a newly formed staff Recruitment and Retention Advisory Board, implemented in March 2005. This Board meets on a quarterly basis and includes staff from the Department's Personnel Division, the Division's Human Resources section, District Personnel liaisons, CPS Specialists and managers, and others. Members of the Board have visited local CPS offices to explore ways to increase and improve positive recognition of staff, and to improve the CPS hiring process and retention of CPS staff. The Board, among other things, is responsible for monitoring progress related to staff recruitment and retention initiatives, and for identifying best practices for recruitment and retention.

In FY 2006 both current and former foster youth continued to be invited to participate in the Statewide Youth Advisory Board (YAB), which met quarterly or more often, as needed. Arizona's Governor Napolitano, her staff, and the Department's Director and staff also participate in the board meetings, which provide youth ongoing opportunities to voice concerns, problem solve, and get involved in new or ongoing initiatives, such as the Director's Breakthrough Series Collaborative. Through the State YAB, youth are currently working with the State Office of Licensing, Certification and Regulation to participate in site monitoring of group home facilities. They have developed a plan that will also support

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their involvement in a number of activities related to the licensing and monitoring of group care facilities, including Corrective Action Plan reviews, yearly renewal activities, unannounced site visits, and review of facility policy/procedures on visitation, allowances, discipline, youth employment, and other teen issues.

The Governor's Oversight Committee for CPS Reform continued to meet throughout the year. The Committee was presented information about and had input into the following CPS efforts: Strengthening Families: A Blueprint for Realigning Arizona's Child Welfare System plan; CPS staff recruitment and retention efforts; implementation of the Division's Data Dashboard; efforts to improve services to youth in out-of-home care; and, the Division's development of a "Realistic" job video for potential CPS applicants to view prior to making a decision to apply for employment with CPS.

Systemic Objective 3: Partner with national groups to implement state of the art practices shown to improve safety, permanency, and well-being outcomes

1. Continue consultation with the National Resource Center on Family Centered Practice and Permanency Planning by the Center's provision of family-centered practice teleconference discussions and facilitation of round tables
2. Complete the second site review for the Annie E. Casey Foundation Family to Family program
3. Obtain consultation from the National Resource for Child Welfare Data and Technology to increase knowledge and skills of practice improvement staff
4. Continue to hold meetings to identify and pursue methods for Casey Family Programs to assist the Department to achieve substantial conformity during CFSR reviews
5. Consult with the National Resource Center for Child Protective Services on the impact of implementation of the Family-Centered Strengths and Risk Assessment Interview and Documentation Guide and Tool, Child Safety Assessment Guide and Tool, Family Centered Practice Principles, including the impact upon Substantiation of CPS reports

The Division has completed the action steps listed above. For information on the National Resource Center on Family Centered Practice and Permanency Planning's provision of family-centered practice teleconference discussions and facilitation of round tables, see Section III, Part 3, subsection C, Well-Being Objective 1.

For information on consultation with the National Resource Center for Child Protective Services to improve implementation of the *Family-Centered Strengths and Risk Assessment Interview and Documentation Guide and Tool*, the *Child Safety Assessment*, and family centered practice principles, see Section III, Part 1, subsection C, Safety Objective 3.

For information on NRC consultation to increase knowledge and skills of practice improvement staff, see Section III, Part 4, subsection C, Systemic Objective 7.

The Department continues to partner with the Annie E. Casey Foundation to improve child welfare outcomes. Substantial progress has been made to implement the Family to Family strategies of self-evaluation; team-decision making; community partnership; and recruitment, development and support of resource families. For information related to increased capacity for self-evaluation, see Section III, Part

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4, *Systemic Factors*, subsection C, Objective 7. For more information on team decision making, see Part 1, subsection C, Safety Objective 2. For information related to recruitment, development, and support of resource families, see Section IV, *Foster and Adoptive Home Recruitment and Retention Plan*.

In addition, Arizona's CFSR manager meets periodically with the Director of the Casey Family Program's Phoenix office. The State's strengths and areas needing improvement have been shared so Casey Family Programs will be aware of these when identifying activities for collaboration with the Division. Arizona is committed to involving Casey Family Programs executive staff throughout the CFSR process. The Division's relationship with the Annie E. Casey Foundation and Casey Family Programs has been an important ingredient in Arizona's success achieving improved outcomes for Arizona's children.

Systemic Objective 4: Improve public education and awareness of the CPS system

1. Continue to meet with the Public Awareness and Education Committee to implement strategies improving public awareness and education of the CPS system
2. Continue to develop the annual media campaign action plan

The Public Awareness and Education Committee determined that the Committee no longer needed to meet as their objectives to improve public awareness about CPS and recruit foster and adoptive homes was being addressed through other Division efforts. See Section IV, *Foster and Adoptive Recruitment and Retention Plan*, for a description of the Divisions' implementation of a statewide marketing campaign to increase public awareness about the need more foster and adoptive homes.

In February 2006 the Division developed a plan titled *Strategies for Recruiting and Retaining Qualified Staff for Arizona's Child Protective Services*. This plan includes use of a "Realistic Job Video" that has been produced and made available through links on the Department of Administration and Department of Economic Security websites. This video is required to be viewed by prospective employees prior to the application or interview for employment, and provides applicants and others education about the CPS system and the work of a CPS Specialist. Public awareness also continues through the Division's Speaker's Bureau, whose members present information on CPS when requested by community groups or agencies; and media releases on successes of the Division and other pertinent topics.

Systemic Objective 5: Provide greater insight into the CPS dependency process to the public

1. Evaluate the Open Hearing Pilot project
2. Via the Court Improvement program, continue to train each county's presiding juvenile judge

Pursuant to legislation passed in May 2003, a pilot project was initiated in Maricopa County designed to open to the public up to ten percent of all dependency proceedings. After extensive collaboration with the Division and judicial and administrative staff, Maricopa County Superior Court administration implemented a protocol and developed tools that protected the privacy rights of the family during this project. Legislation passed at the close of the 2003 calendar year expanded this pilot project to include all counties in the State. The Court Improvement Program assisted counties in their implementation of this pilot project. The evaluation and final report on the pilot was completed and published on March 5, 2006. The pilot has ended and no legislation was enacted to continue open hearings past the pilot stage. During the pilot, few members of the public attended open dependency hearings.

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Annual dependency training for attorneys and judges continues. This annual dependency training is being evaluated and will be updated for 2007. In addition, a dependency track has been added to this year's judicial conference for Judges. This year's dependency track will include four workshops. Topics will include the needs of the birth to three population, judicial considerations related to methamphetamine abuse and addiction, achieving permanency, and a presentation from Fostering Results on application of AFCARS data and the federal CFSR measures to build a better court system.

Systemic Objective 6: Keep members of the public informed as to the progress of CPS reform

1. Continue to provide monthly reports from the CPS Reform Implementation Teams to the Public Information Office (PIO), and disseminate via e-mail and the Governor's website an electronic newsletter summarizing progress
2. Continue to identify and use opportunities to inform the public about foster care, child maltreatment, and progress and needs within the child welfare system, for example public events and/or press releases during national foster care appreciation month

The Public Awareness and Education Committee determined that the Committee no longer needed to meet as their objectives to improve public awareness about CPS and recruit foster and adoptive homes was being addressed through other Division efforts. For example, in October 2005 the Division hired a Home Recruitment Marketing and Communication Specialist to implement a statewide campaign for the recruitment of resource families. Examples of the Division's numerous activities in SFY 2006 to inform the public about foster care, child maltreatment, and progress and needs within the child welfare system include the following:

- Newly established District Recruitment Liaisons have been meeting with community members to explain the needs within the child welfare system and to update on progress being made.
- The *Arizona Statewide* newsletter for foster and adoptive parents is published six times a year to inform foster and adoptive parents about activities and progress in the Division.
- All workshops, seminars and events that are open to the public are listed on the <http://www.AZKidsNeedU.gov> website and are highlighted in the Arizona Statewide newsletter.
- In conjunction with the annual Children Need Homes Conference held in October 2005, and National Adoption Month in November 2005, sixteen press releases were prepared honoring outstanding resource parents and staff members. Other press releases celebrated the 135 adoptions finalized in Maricopa County on Adoption Day, and the more than fifty finalized in Pima County (Tucson) during a day-long celebration at a city park.
- In November 2005 photos of Arizona children available for adoption were displayed in the Division's central office reception area in honor of National Adoption Month. The photos remain in the reception area to date and are consistently updated to reflect placements.
- In December 2005 the Division partnered with Faith in Kids, AdoptUSkids and Shaohannah's Hope to provide information on adoption to more than 10,000 people attending the Steven Curtis Chapman/Mercy Me Christmas concert at the Glendale Arena.

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- In November 2005 the Division began monitoring Arizona news media for stories focusing on adoption and foster parenting. From November 1, 2005, through April 30, 2006, there have been nearly seventy verifiable stories either in print or on television.
- In April 2006 the Division joined with the Kids Consortium to distribute information and increase awareness of foster care and adoption at the 14th annual Women's Expo, named one of the top five consumer events in Arizona. The Women's Expo is promoted to more than 98% of Arizona's women and has an estimated annual attendance of more than 100,000.
- In May 2006 the Division partnered with the Arizona Association for Foster and Adoptive Parents on the Foster Care Month 2006 blue ribbon event in downtown Phoenix. The event included tying ribbons in honor of the more than 9,500 children in foster care in Arizona and featured Mrs. South Phoenix — a current foster mother who has chosen foster care as her platform. From May 1 through June 7, 2006 there have been more than twenty verifiable media stories about Foster Care Month and associated events, including stories in English and Spanish. Appreciation events were held statewide throughout Foster Care Month.
- The Division is currently working the Governor's office, State Representative Leah Landrum Taylor, Faith In Kids and others from the community in the planning of a Faith-Based Summit for the fall to enhance collaboration to promote recruitment and increase supports to children in foster care. This is to be a statewide effort to increase faith-based initiatives throughout Arizona.

Systemic Objective 7: Improve the accuracy and accessibility of AFCARS, NCANDS, Practice Improvement Case Review and other critical performance data, and increase use of data in field practice and system improvement

1. Continue to discover and develop Continuous Quality Improvement Tools for practice improvement and educational purposes
2. Continue to develop knowledge and skills in the use of cohort data and methods for making data accessible to staff, facilitated by Casey Family Programs
3. Make available to Division staff a "data dashboard" function that allows staff to generate unit or district specific reports
4. Continue to hold face-to-face meetings with district and central office CQI leads and coaches to improve their ability to lead CQI meetings, interpret data, and develop action plans.

The Division has made substantial progress in relation to this objective in FY 2006 and will continue related activities in FY 2007. Improvements in the CQI Team meeting system included:

- revision of the CQI training guide to include an organizational chart and examples of successes, agendas, and meeting minutes;
- implementation of a process to evaluate and improve CQI trainings;
- designation of a series of steps to facilitate efficient problem solving and follow through with implementation of action plans;
- distribution of a worksheet to facilitate the involvement of stakeholders in the CQI process;
- distribution of a list of tips on how to run productive meetings; and
- development of a client grievance database.

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On average, the State CQI Specialist conducted two local unit trainings on the CQI process and one meeting with CQI Coaches each quarter. Additionally, the Specialist offered technical assistance in numerous meetings throughout the year to assist various teams develop their action plans. Practice Improvement Specialists were also hired in each district in SFY 2006 and have been serving as CQI coaches for their districts.

The Division continues to work with Chapin Hall to develop access to cohort data and skills for data use. The Division has completed validation of test files and the data is now available on Chapin Hall's website. The Division will begin to train staff to access and use the cohort data, and will provide periodic data updates.

The CPS Stats Dashboard is an online analytical reporting tool that helps field staff monitor and manage their District's, Area's, and Unit's caseload by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The CPS Stats dashboard became available to CPS Unit Supervisors on February 1, 2006. Currently there are 221 CPS Supervisors who have access to the dashboard, and nearly all have received training. In addition, thirty-one CPS field staff from across the state were given access to the dashboard and assisted in testing and validating the data. For the Dashboard's February 2006 release, the following three Key Performance Indicators were identified:

- *Report Response* – This data measures the initial response time to a CPS report for investigation, based on specific allegation risk type and the State's required response timeframes.
- *Investigation Timeliness* – The data measures whether the Department has completed an investigation and entered the investigation findings in the allotted twenty-one day time frame.
- *Visitation Performance* – The visitation data measures the monthly percentage of children, parents, and provides receiving in-person contact.

The Division will continue to add KPIs to the Dashboard in 2007.

Beginning October 2005 the Division began a series of monthly meetings to develop data analysis and strategic planning skills among district and central office personnel. National experts from the National Resource Center (NRC) on Organizational Improvement and the NRC on Child Welfare Data and Technology facilitated training in October 2005, which provided a foundation of basic data analysis and strategic planning terms and skills. The training was attended by the District Practice Improvement Specialists, District Automation Liaisons, District Program Managers, the central office Practice Improvement Unit, and other central office managers and administrators. Follow-up meetings have been held almost monthly to further develop skills among these key personnel. Participants have identified a manageable list of reports to be the focus of each district. The reports are related to high priority activities such as entry of case note documentation, entry of investigative findings, numbers and placements of children in out-of-home care, and permanency milestones for children with a goal of adoption. Discussion and activities develop the participants' knowledge of each report's purpose, extraction specifications, and field definitions; and their ability to analyze and apply the report to district needs. An increasing number of reports are provided to district staff electronically rather than hard copy, so users can run queries, develop reports, and view individual table records. The ongoing training has included demonstrations and practice with Microsoft Access so district personnel can use the available databases however they see fit. The greater availability of case summary and detailed data and the provision of related training and has been welcomed by district and central office staff. Results have included greater attention to Division priorities, improvements in data accuracy, and broader use of data in the Division's daily work and administration.

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Monthly meetings are also being held with the District Practice Improvement Specialists and CQI Leads. These meetings provide an opportunity to generate ideas to resolve barriers and improve outcomes, and to share promising practices for implementation across districts. Training has been provided during the monthly meetings to clarify the CQI Team process and roles (facilitator, lead, and scribe) and item ratings for the Practice Improvement Case Review. The Practice Improvement/CQI Team has also taken advantage of educational opportunities provided by DHHS and the National Resources Centers, such as the series of teleconferences on Solution Focused Casework offered by the NRC on Organizational Improvement.

Systemic Objective 8: Develop policies and procedures to improve the effectiveness of the State's Courts and Foster Care Review Board

1. Complete statewide implementation of a process for the FCRB to accept progress reports, initial reports, case plans and attachment A documents via e-mail, for distribution to FCRBs
2. Develop an FCRB continuing education training curriculum on substance abuse, and develop a delivery method that is conducive to rural boards (such as reading resources, videos, etc.)
3. Roll-out FCRB Findings and Determinations Guidebook to all staff and volunteers
4. Provide ongoing compliance with the Child Abuse Prevention & Treatment Act (CAPTA) by continuing to provide dependency training for attorneys assigned as guardians ad litem for children and ensuring that they receive the training prior to their appointment
5. Continue to develop and implement protocols for dually involved (dependency/delinquent) youth
6. Monitor and determine how Arizona's child welfare system will be impacted by the Pew Commission report dated 5/18/04, that included multiple recommendations to Congress that could directly affect the child welfare system in Arizona

A process to accept reports by e-mail is operational in nine of Arizona's fifteen counties, including Maricopa County, where roughly 50% of the State's dependency cases are heard. In addition, the Foster Care Review Board is piloting an Electronic Document Management System (EDMS). Conversion to EDMS will eventually allow the program to electronically send documents to board members, eliminating numerous hours of copying and postage expense.

Last fiscal year, the Continuing Education Committee and the FCRB State Board committed to developing a two-year Substance Abuse Training curriculum. The curriculum was divided into five separate topic modules. The first two modules were developed and have been posted on the FCRB website. The final three Substance Abuse Training modules will be available online by December 2006. A workgroup consisting of Foster Care Review Board volunteers and staff, and representatives from Child Protective Services, was created to review and update the Foster Care Review Board Findings and Determinations Guidebook. This task has been completed and the FCRB is in the process of training all volunteers. The new Guidebook will be effective July 1, 2006.

Annual dependency training for attorneys and judges continues. This annual dependency training is being evaluated and will be updated for 2007. In addition, a dependency track has been added to this year's judicial conference for Judges. This year's dependency track will include four workshops. Topics will include the needs of the birth to three population, judicial considerations related to

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methamphetamine abuse and addiction, achieving permanency, and a presentation from Foster Results on application of AFCARS data and the federal CFSR measures to build a better court system.

In 2004 the Governor's Office for Children, Youth and Families convened the multi-agency Dually-Adjudicated Committee to thoroughly explore the complexities of youth multi-system involvement. This Committee had representation from the Governor's Office, the Department of Economic Security, the Department of Health Services, the Administrative Office of the Courts, the Department of Juvenile Corrections, Arizona counties, and community stakeholders. The Committee developed "*Interagency Practice Protocols for Services to Dually-Adjudicated Youth and their Families*" to increase communication between agencies who service these youth. A cover letter from the agency directors, including signature page, was developed to accompany the Interagency Practice Protocols. The Dually-Adjudicated Committee will meet semi-annually to evaluate compliance with the protocols.

The Administrative Office of the Courts is also working to better address the needs of young adults in care through development of a Youth Information Form, CASA Training on Young Adults, and a new CASA Handbook on the needs of young adults. The Youth Information Form is intended to encourage youth participation in the Foster Care Review Board process. The form allows youth to submit statements to the Board when they can not attend in person. The form can be accessed and submitted online, and encourages youth to answer some basic questions that give the Board a better understanding of the youth's perspective and needs. The CPS Independent Living and Young Adult Programs presented training to CASA volunteers regarding issues of older youth and programs and resources available to serve them. The Maricopa County CASA Program created an Independent Living Manual for CASAs to educate them on the independent living process for older youth. The manual offers information on the transition issues faced by children aging out of CPS care, an explanation of CPS procedures on young adults and independent living services, resources for older youth, and ways for CASAs to effectively advocate for youth who will age-out of the CPS system.

As a result of the Pew Commission report, a National Judicial Summit was held in Minnesota to discuss the Pew Commission's recommendations. The Summit was attended by Arizona Juvenile Court Judges, the Division of Children, Youth and Families' Deputy Director, a State Legislator, and the Director of the Dependent Services Division of the AOC. As a result of the meeting, the *Arizona Strategy for Improving Court Oversight and Processing of Child Welfare Cases – Action Plan* was developed. Plan implementation began in SFY 2006 and will continue in SFY 2007.

Indian Child Welfare Objective 1: Increase by two annually the number of active Inter-governmental Agreements (IGA) and Memos of Understanding (MOU) with Arizona Indian tribes pertaining to involuntary child custody proceedings involving American Indian children in State court

1. Continue ongoing meetings with tribes who already have an IGA in draft form to complete or update the terms and conditions of the agreement
2. Continue meetings with tribes who may be interested in developing an IGA or MOU
3. Develop a plan of action with tribes who have an interest in developing an IGA or an MOU

The State's Indian Child Welfare Specialist and Title IV-E Specialist met with tribes in FY 2006 to provide consultation. IGA frameworks with three Indian tribes are complete. Tribal affiliates are now working with their respective tribal councils for final approval. Once tribal council approvals are

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obtained, the IGAs are to be processed through the tribal and State systems for signatures and implementation. Tribal and State case management staff will receive IGA training within their respective regions as part of the implementation process.

Within the last six months, initial dialogues were held with six additional interested tribes to discuss the pros and cons of having an IGA, and the process of framing an agreement. Two tribes have taken the initial steps, meeting with DES in their respective regions to discuss the timelines and logistics of developing an IGA. Several follow up meetings with Indian tribes are scheduled before June 30, 2006, for the purpose of developing action plans.

Indian Child Welfare Objective 2: Increase cultural awareness and knowledge of the Indian Child Welfare Act (ICWA) among CPS staff

1. Continue to provide statewide ICWA and related cultural awareness training to ACYF Child Protective Services staff
2. Develop computer based training curriculum on the ICWA
3. Hold meetings to coordinate State ICWA policy and procedures training with the Inter-Tribal Council of Arizona and the Arizona State University College of Public Programs for the benefit of State and tribal CPS personnel

Five two day ICWA seminars and five ICWA training sessions are scheduled for delivery to tribal, State, and private agency personnel by the end of June 2006. All ICWA training seminars and training sessions have and will be delivered at strategic locations throughout the State, to accommodate rural communities. Preliminary discussion has been held with the Division's Child Welfare Training Institute about the logistics and feasibility. Follow-up discussions are planned with the Training Institute and Division management staff to discuss funding and expertise needed to complete tasks.

Three two day ICWA training seminars and one Child Protective Services academy have been scheduled in collaboration with the Inter-Tribal Council of Arizona. These training activities will be completed by June 30, 2006.

Indian Child Welfare Objective 3: Improve services and increase ICWA compliance on active cases involving Native American children

1. Continue to hold meetings of a workgroup of Department staff and tribal ICWA liaisons to develop a quality assurance instrument for reviewing ICWA cases under the jurisdiction of the Department
2. Complete quality assurance case reviews on a random sample of ICWA case files to monitor compliance with early identification of American Indian children, notice to tribes, placement preferences, provision of remedial/rehabilitative services, and effectiveness of ICWA training
3. Continue to provide quarterly updates from the Division's Indian Child Welfare Specialist to the Tribal Social Services Work Group and ICWA liaisons, to keep tribes informed of the number of children under state custody
4. Continue to hold regular meetings between the Division's Indian Child Welfare Specialist and State and tribal ICWA liaisons to ensure inter-agency coordination, communication, and collaboration on ICWA cases

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5. Maintain a pool of qualified and trained expert witnesses, available to the Office of the Attorney General, to provide expert witness testimony in State dependency and severance proceedings
6. Establish within DCYF in Maricopa County another specialized ongoing case management unit to serve Native American children

The State Indian Child Welfare Specialist has been reviewing ICWA specific quality assurance assessment tools developed by the State of Idaho. Modification of the tools may be necessary to fit Arizona's review methodology. The Specialist will meet with the Division's Practice Improvement Unit to begin discussions about the logistics and feasibility of designing and implementing an ICWA specific quality assurance case review. Tribal and state ICWA liaisons will be invited to participate in follow-up discussions and review of Idaho's assessment tools.

A statewide Native American Foster Family Recruitment work group has been formed and has had three meetings thus far. The work group consists of tribal and state foster care coordinators and other agency representatives. The impetus of this work group was the number of identified Native American children in out-of-home care needing homes, and the Indian Child Welfare Act placement preferences. In order to encourage and facilitate tribal staff participation in the work group meetings, the Division paid per diem (lodging, meals, mileage) for tribal participants. This action, while small in measure, demonstrated the Division's commitment to ensuring that Native American children are placed in accordance with the ICWA placement preferences. The Inter-Tribal Council of Arizona plays an important role in the quarterly meetings where tribal affiliates are updated on the number of Native American children under state custody.

State and tribal ICWA liaisons have been meeting bi-monthly since August 2005 to discuss issues of common concern. In addition to resolving issues relating to case management and coordination of services, an issue that has attracted much attention and confusion is cross-jurisdictional matters involving non-Indian families and non-member tribal families who reside within the exterior boundaries of Indian reservations. Most tribes prefer the state to take the lead in responding to crisis situations involving non-tribal and non-Indian children. Lack of appropriate tribal resources and funding restrictions make it difficult for tribes to take appropriate actions unless the State assists the tribe with services within a reasonable timeframe. The Indian Child Welfare Specialist is working with State and Tribal ICWA liaisons in developing written protocols to define roles and responsibilities within these cases.

Activity to establish an official pool of potential qualified expert witnesses will continue in SFY 2007. Four of the State's twenty-one Indian tribes prefer to use their own qualified expert witness to testify in state child custody proceedings when an enrolled tribal member's child is involved. These four tribes are Navajo Nation, Gila River Indian Community, Pascua Yaqui Indian Tribe and Tohono O'Odham Nation. The remaining tribes rely on the state Indian Child Welfare Specialist to fulfill this function.

A preliminary discussion is pending with Maricopa County ACYF management team regarding their consideration and support for another specialized case management unit (ICWA Unit). Tribal affiliates support and recommended another ICWA unit because Maricopa County has the highest number of Native American children in out-of-home care, compared with other counties. Of the 633 Native American children in out-of-home care on September 30, 2005, 326 (52%) are in the CPS system in Maricopa County. The current ICWA Unit has a long waiting list of cases that have been referred by other Maricopa County CPS units. Within the last six years the existing ICWA Unit has been very successful in reuniting children with their biological parents and/or extended families within a period of less than twelve months. Other performance trends include quicker identification of potential relative

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caregivers, fewer case plan goal changes from family reunification to adoption, significant collaboration and communication with the children's Indian tribe, and Native parents are more likely to engage in case planning and compliance with case plan goals.

Indian Child Welfare Objective 4: Increase the number of licensed/certified Native American foster and adoptive homes

1. Continue to work in collaboration with AdoptUSKids and the national campaign to recruit Native American foster and adoptive homes
2. Continue to develop and implement a culturally appropriate foster/adoptive family recruitment plan in collaboration with Native American communities and Native American organizations
3. Continue to look for funding sources for targeted recruitment of Native American foster parents

A statewide Native American Foster Family Recruitment work group was formed and met four times in 2005 and 2006. The group consists of tribal foster care/home coordinators and state foster care liaisons and other state representatives. The impetus of this work group was the number of identified Native American children in out-of-home care needing homes and the Indian Child Welfare Act placement preferences. In order to encourage and facilitate tribal staff participation in the work group meetings, the Division paid per diem (lodging, meals, mileage) for tribal participants. This action, while small in measure, demonstrated the Division's commitment to ensuring that Native American children are placed in accordance with the ICWA placement preferences. The Inter-Tribal Council of Arizona plays an important role in the quarterly meetings where tribal affiliates are updated on the number of Native American children under state custody.

The work group's goal was to develop a statewide Native American Foster Family Recruitment Plan by May 2006. The group completed the statewide recruitment plan in February 2006. The plan encompasses strategies for general, targeted, and child specific recruitment, including identification of timeframes, potential challenges, and required resources for implementation. The Plan includes fund raising strategies and development of a list of federal, state, public and private foundations as potential sources of funding.

Indian Child Welfare Objective 5: Support the ability of Indian tribes to receive Title IV-E funding

1. In collaboration with the Inter-Tribal Council of Arizona and Casey Family Programs, continue to provide Title IV-E trainings and/or technical assistance to tribal affiliates interested in Title IV-E contracts
2. Continue to provide technical support and training to assist the Hopi Tribe to implement their Title IV-E Agreement
3. Continue to support the Inter-Tribal Council of Arizona in its advocacy for Indian tribes to receive Title IV-E funding directly from the U.S. Department of Health and Human Services

Casey Family Programs has taken the lead in providing on-site technical assistance and training to Indian tribes interested in Title IV-E foster care maintenance program, which is provided by a private consultant under contract with the Casey Family Programs. The Department provides technical knowledge about data collection, data entry, data management, and eligibility determination. The Department also

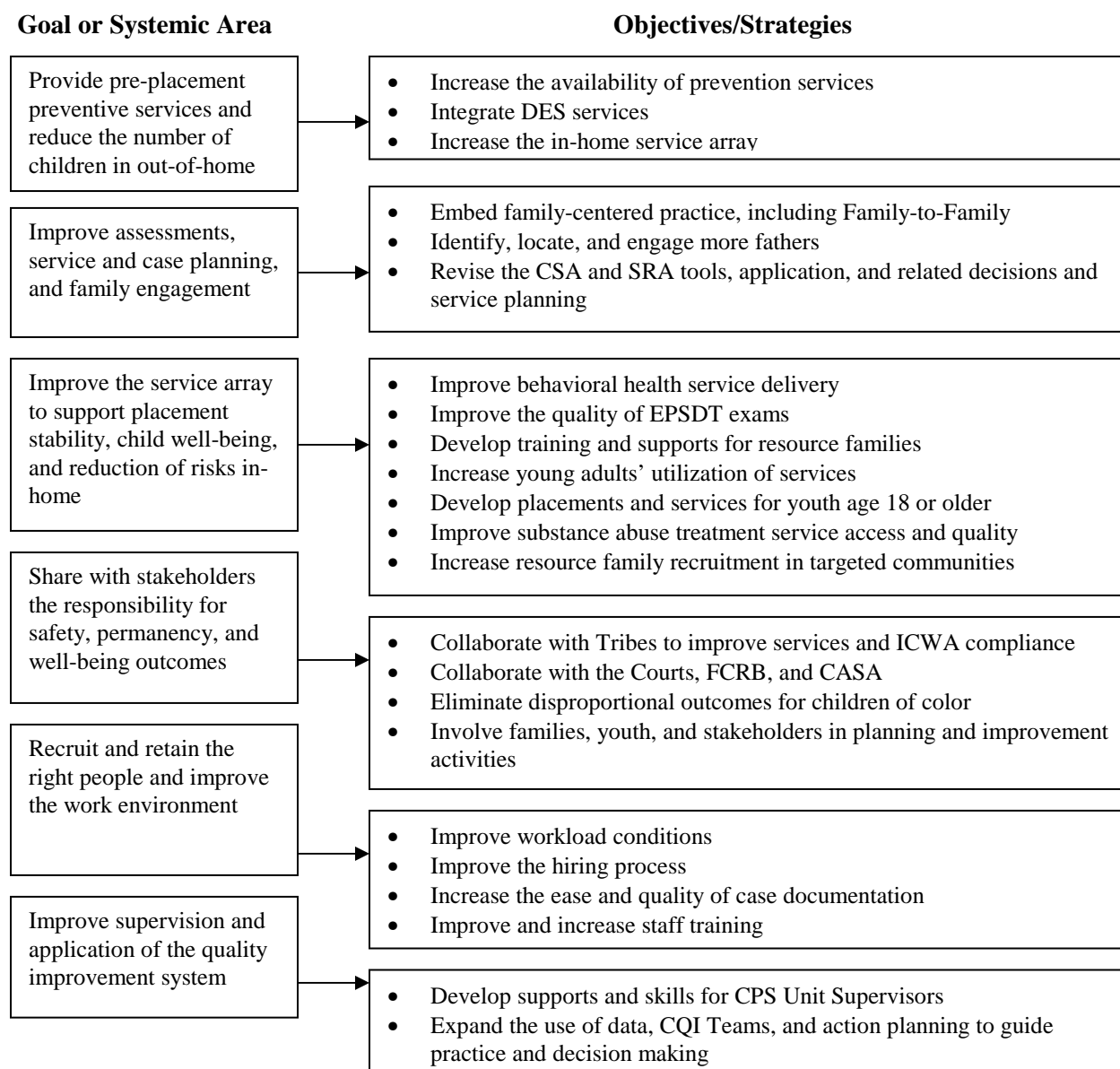
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provides technical support and training on its database and automated data system (CHILDS).

Please also see the State's objectives to improve safety, permanency, and well-being outcomes. In addition, please see the *Foster and Adoptive Home Recruitment and Retention Plan* in Section IV, the *Child and Family Services Training Plan* in Section V, the *Chafee Foster Care Independence Program and Education and Training Voucher Program Plan* in Section VI, and the *Child Abuse Prevention and Treatment (CAPTA) State Plan* in Section VII of this report. Many of the objectives listed in these sections describe improvements to the State's systemic areas and activities that will improve safety, permanency, and well-being outcomes for Native American children.

PART 5: OBJECTIVES AND ACTIVITIES FOR 2007

This section provides the Division's strategies to increase achievement of the State's safety, permanency, and child and family well-being outcomes and goals, and the major activities that are expected to be completed in SFY 2007. In recognition of the relationships between the State's goals, this year's Annual Progress Report provides a single integrated plan for SFY 2007. The following diagram provides an overview of the plan. Practice and systemic areas on which the State will focus its improvement efforts are listed on the left. The related strategies for achieving improvements are grouped to the right of the goal or systemic area on which they will have the most direct impact. However, many of the objectives/strategies are expected to improve performance in more than one area, including goals that are not specifically listed in this diagram. In addition, improvements to systemic areas such as supervision, staff recruitment and retention, and the work environment, are expected to improve achievement of all of the Division's safety, permanency, and well-being goals. The Division believes the success of this plan is dependent on the simultaneous implementation of the strategies.



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The following provides the objectives and major activities for SFY 2007. Some of the objectives are continued from last year and others are new strategies. These objectives and activities are based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, and other data described in Parts 1 through 4; input from Department staff and child welfare stakeholders; and other strategic planning processes.

Objective 1: Increase the availability of child abuse prevention services, including parenting, economic, health, and child care services

1. Provide Healthy Families Arizona home visitation program services to an increased number of families in the fifty-one sites, including provision of service prior to the baby's birth and to families with substantiated CPS reports.
2. Deliver the Child Abuse Prevention Conference in January 2007, including cutting edge training opportunities and presentations from national experts in child abuse prevention and child welfare.
3. Participate in Child Abuse Prevention Month in April 2007 by:
 - organizing informational tables at the Department's Central Office and the State Capitol to distribute free awareness wristbands, pins, ribbons, and positive parenting handouts; and brochures on all Division funded prevention programs;
 - continuing to develop new promotional materials to promote awareness of Child Abuse Prevention month, using positive messages like "Make Time for a Child;"
 - sending weekly e-mails during April 2007 to all of the Department's more than 10,000 staff, about activities occurring throughout the month; and
 - provide to all Department staff, the Governor's Office, and all service providers a comprehensive list of all activities organized by the Regional Child Abuse Prevention Councils occurring during the month of April 2007.
4. Participate in strategic planning sessions of the eighteen Statewide Regional Child Abuse Prevention Councils funded through the Arizona Child Abuse Prevention Fund to review and update the "AZ CAN!" Plan for preventing child abuse.
5. Encourage and assist the Regional Child Abuse Prevention Councils to implement the AZ CAN! Plan for preventing child abuse, which includes strategies and local action steps.

The activities listed under Objective 2 will also prevent child abuse by addressing family stressors such as poverty and family life cycle adjustments.

Objective 2: Integrate DES human service programs, including child welfare, family assistance, and employment programs

1. Add four additional Family Connections Teams (two in Phoenix and two in Tucson), and 142 additional TANF service coordinators statewide.
2. Conduct the Breakthrough Series Collaborative on service integration to identify and implement strategies for service integration, based on four components: (1) Information is gathered and used during the intake and assessment process in an integrated way; (2) Service coordination systems are efficient and maximize the experience and skills of families, communities and DES

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partners; (3) Local services are accessible, accountable and meet the needs of families living in the community; and (4) Service delivery systems emphasize prevention and early intervention.

3. Apply for the federal TANF and Child Welfare grant to support collaboration for improved outcomes for children, and use the grant to develop the Linking Integration to Neighborhood Knowledge (L.I.N.K.) project that would combine the interventions of Family Connections and the Breakthrough Series Collaborative teams and focus improvements on these five objectives:
 - To improve the safety, permanency and well-being of children in the community through development of community collaborations;
 - To create neighborhood improvement by creating a catalyst for change and conducting small tests of change to address agreed upon areas of need within a short time frame;
 - To link natural connections and social capital within the neighborhoods to social action where community members are engaged in activities to solve neighborhood problems;
 - To match family needs with services through comprehensive screening/assessment and a streamlined case management process across multiple agencies and service providers; and,
 - To spread the learning and solutions to additional neighborhoods for replication as well as informing traditional service delivery models.

Objective 3: Partner with community providers to develop a comprehensive and integrated in-home services model that will increase the array of available in-home services, facilitate the provision and coordination of services, and better ensure that the services are provided at the level and intensity required for each family

1. Provide supervision and training to maintain the integrated in-home service contract and In-Home Units and Specialists; and to raise skill level among in-home service providers and the Division's In-home Services Specialists.
2. Hold meetings between in-home service providers and Division management to evaluate whether appropriate cases are being referred for in-home services, resolve any barriers to in-home service provision, and monitor the quality of services provided.
3. Provide expedited reunification services to randomly selected families in targeted areas in Maricopa County and depending on the initial evaluation results of this Title IV-E Child Welfare Demonstration Project, expand services in June 2007.
4. Monitor data on utilization of in-home services, including numbers of new child removals and numbers of new families served in-home, to evaluate progress toward increased use of in-home services as an alternative to out-of-home care.

Objective 4: Embed family-centered practice and the Family-to-Family Model into child welfare practice and systems

1. Continue to develop Family to Family in Maricopa County.
2. Provide support and learning opportunities for other Arizona counties to develop an understanding of the Family to Family approach and systems to support future roll out—such as capacity for self-evaluation and designation of district recruitment liaisons.

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3. Serve as a regional anchor site for Family to Family practice.
4. Continue to provide the six hour Mini PS-MAPP program to diverse audiences of foster and adoptive parents, CPS and DDD case managers, supervisors, other management level staff, and other child welfare stakeholders; to increase awareness of the PS-MAPP philosophy and principles, which are consistent with family-centered practice and Family-to-Family principles.
5. Finalize revisions to the State child welfare policy manual, including incorporation of family-centered practice tips, family-centered language, more clarity of policy language, links to best practice information and training materials, and on-line availability.
6. In consultation with the NRC on Family-Centered Practice and Permanency Planning convene a workgroup of field and administrative staff to revise policy, practice, training, and CHILDS windows related to the case planning process; to include a strength, solution, and family-centered focus and clear relationship to the safety and strengths and risks assessment tools.

The activities listed under many of the other objectives in this plan will also embed family-centered practice and support implementation of Family to Family. For example, activities listed under Objectives 11 and 12 related to kinship care and foster and adoptive parent recruitment are part of the Division's implementation of Family to Family. The Division's activities related to service integration, utilization of in-home services, engagement of fathers, comprehensive assessment, improving staff workload conditions, hiring and recruiting CPS staff, supervisory support and skill development, staff and caregiver training, elimination of disproportionality, and stakeholder involvement in agency planning will all have a direct impact on the Division's success in embedding family-centered values and practices throughout the agency.

Objective 5: Develop programs and services to identify, locate, and engage fathers in activities and decisions involving their children

1. Provide parent locator staff access to and training on the Arizona Inmate Management System so they can easily locate parents in the State's prison system.
2. Support the Arizona prison system's development of procedures to ask inmates at intake whether they have any children involved with CPS, record the information in the prison data system, and notify CPS of the parent's location.
3. Participate in Positive Fatherhood Initiatives through Division Practice Improvement Specialist and other staff attendance at conferences and trainings.
4. Review and revise the Child Welfare Policy Manual to ensure that policy supports best practice for engaging and supporting fathers to be involved with their children.
5. Continue to use the Practice Improvement Case Review as a method to communicate to CPS Specialists and Unit Supervisors the standards of practice for locating, contacting, assessing, and engaging fathers – including non-custodial and incarcerated fathers; and to assess progress and barriers toward improving father engagement.

The activities in Objective 4 will also improve identification, assessment, and engagement of fathers.

Objective 6: Revise the CSA and SRA tools and related processes and increase staff skill and consistency in the application of the tools to improve decision making related to safety, risk, substantiation, and service provision

1. With consultation from the NRC on Child Protective Services and the NRC on Family Centered Practice and Permanency Planning, continue the workgroup of CPS field staff, child welfare trainers, policy specialists, and other Division staff to modify the State's *Child Safety Assessment* and related procedures and CHILDS windows.
2. With consultation from the NRC on Child Protective Services and the NRC on Family Centered Practice and Permanency Planning, continue the workgroup of CPS field staff, child welfare trainers, policy specialists, and other Division staff to modify the State's *Strengths and Risk Assessment Tool*, related procedures, and CHILDS windows; including clear links to case planning processes and documentation.
3. Revise the Child Welfare Institute Training on safety assessment and strengths and risk assessment to incorporate the changes to the CSA and SRA tools and procedures.
4. With consultation from the NRC on Child Protective Services, revise the Practice Improvement Case Review instrument and instructions on the items measuring the quality of safety assessment, strength and risk assessment, decision making based on safety assessment, and provision of services to prevent removal and reduce risk.

Objective 7: Collaborate with the Department of Health Services, Division of Behavioral Health Services, to improve timely access to behavioral health services that meet the specialized needs of children and families involved with CPS.

1. Continue to participate as an active member of the Arizona Children's Executive Committee to create and support an integrated system of care among all of Arizona's child-serving systems, including the Department of Economic Security, the Department of Health Services, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, and the Administrative Office of the Courts.
2. Collaborate with State and community agencies to develop, finalize, and monitor written protocols for services provision, including protocols for Dually Adjudicated Youth, Urgent Response, and engagement of families in assessment, service planning, and system improvement.
3. Increase enrollment in the Title 19 behavioral health system of children enrolled in CMDP by increasing the percentage of removed children who receive a 24 hour Urgent Response, to include a Title 19 eligibility determination and enrollment of eligible children in the Title 19 system.
4. Continue to file behavioral health appeals on behalf of Title 19 children for whom a necessary service has been denied by the behavioral health system and no viable alternative provided.
5. Support the quality assurance and contract monitoring functions of the Department of Health Services by filing appeals and grievances when necessary, and sharing available information and data on the timeliness and adequacy of service provision.

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6. Provide input into the Request For Proposals (RFP) for the Maricopa County (Phoenix) Regional Behavioral Health Authority.
7. Implement new State legislation that provides the Court authority to order appearance by behavioral health providers and provision of medically necessary services, and encourage CPS Specialists to use this option to advocate for necessary services on behalf of Title 19 children.
8. House a CPS liaison in both Maricopa County Juvenile Court locations, to attend Preliminary Protective Hearings, review the case of any child likely to be dispositioned to a therapeutic out-of-home care placement, and meet monthly with the County's Presiding Juvenile Court Judge to resolve barriers to service coordination and provision.
9. Assist DBHS to provide training and develop services to address the needs of infants and toddlers, to increase capacity for infants and toddlers to remain within their primary caregiving relationships.

Objective 8: Improve the quality of EPSDT exams to ensure they include age-specific physical, behavioral, and developmental screenings

1. Review every EPSDT tracking form submitted by a health care provider to CMDP to ensure all required screenings have occurred.
2. Provide education to health care providers who have a pattern of incomplete EPSDT examinations.
3. Continue to send EPSDT reminder cards to out-of-home care providers to remind them of the EPSDT exam schedule for the child's age.
4. Whenever an EPSDT tracking form recommends further assessment or treatment services, monitor until it is confirmed that the recommended services have been received.

Objective 9: Develop training and supports to enhance the ability of current or prospective resource families (foster, adoptive, and kinship) to meet the needs of foster and adopted children

1. Continue to spread learnings from the Kinship Care Breakthrough Series Collaborative by conducting an in-person survey with kinship caregivers in all districts; seeking to connect all kinship caregivers with their nearest kinship caregiver support group; identifying kinship caregivers who are not getting TANF, determining the reason, and assisting them to apply if they choose; and developing packets of localized resource information for kinship caregivers and staff.
2. Continue to hold eight day PS-MAPP preparation programs every other month or quarterly as needed, to enable contracted providers and Division staff to become PS-MAPP Leader certified.
3. Provide all new resource parents PS-MAPP as their preparation program beginning July 2006, and provide the full PS-MAPP program to all currently licensed resource parents by July 2007.
4. Train designated case aides in Districts 3 and 5 to serve as kinship liaisons, providing

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information on available resources, assistance to apply for support services, and other requested assistance.

5. Conduct the annual Statewide Family-Centered Practice Conference, publish the APSSF Services Program Directory and Program brochure, maintain a section of the Department's web-site, attend community conferences and health fairs, and provide training to Division field staff to distribute information on services available through the Promoting Safe and Stable Family Prevention Programs and other information that will assist foster, adoptive, and kinship resource families to meet the needs of children in their care.

Objective 10: Develop new placements, services, and supports to address the needs of young adults in out-of-home care

1. Continue to collaborate with community stakeholders to expand mentoring programs (such as *In My shoes*) and resources to assure all youth in the process of transitioning from foster care have an adult mentor.
2. In consultation with the statewide Youth Advisory Board, and by including youth participation in foster parent orientation trainings and the annual statewide Children Need Homes Conference, conduct specialized recruitment to increase the quantity, quality, and preparedness of foster care placements for older youth.
3. Design and support a website/webpage for teens in care and alumni, which will feature program information, resources, hotline numbers, youth advocacy and training opportunities, a teen bulletin board, and other information.
4. Increase CPS Specialist and caregiver preparedness to assist youth to understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services.
5. With the assistance of legal and local immigration experts, draft policy and provide training and technical assistance for CPS Specialists to assist undocumented young adults to apply for legal residency, when appropriate to the youth's circumstances.
6. Expand the use of CFCIP funds to provide financial incentives and other support to encourage youth participation in a variety of advocacy, mentoring, training, and program development (including alumni) activities.

Objective 11: Increase the accessibility and utilization of services and supports for youth age 18 and older, and encourage youth to remain in care until they have the capabilities and resources to successfully live on their own.

1. Upon entry into the Young Adult Program, provide youth with a comprehensive welcome packet of information regarding the independent living program, client rights (including grievance procedures), program services, benefits and activities, emancipation options, aftercare services, mentoring, and opportunities for youth advocacy.
2. Develop an internal grievance process in the Independent Living Rulemaking Package to provide due process when DES denies the opportunity for youth to remain in care beyond age 18, and

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work with DES Appellate Services to formalize an appeals process for youth who can not get resolution through the internal grievance process.

3. Continue to develop partnerships with the State Universities and Community Colleges to ensure current and former foster youth receive all available financial support to permit foster youth to continue with post-secondary education or other professional or trade school.
4. To provide professional experience to older youth who desire to pursue social service careers, use CFCIP funds to support youth intern positions responsible for various activities, including the facilitation of local youth advisory boards and the assistance of local efforts to recruit foster and adoptive homes for older youth.

Objective 12: Increase staff skill and services to assess and treat parents and youth with substance abuse issues

1. Provide training and informational materials to Division staff and stakeholders, including the Courts, to increase basic understanding of the physiological, psychological, and cognitive impacts of methamphetamine use and abuse and their influences upon family functioning and child safety.
2. Develop policy and practice tools to enhance CPS Specialists' knowledge about the indicators and impact of substance use, and their ability to identify substance abuse, particularly methamphetamine abuse.
3. Provide service information and other resources to CPS Specialists and Team Decision Making Facilitators to encourage provision of substance abuse treatment information to family members at case plan staffings, Team Decision Making meetings, and other forums.
4. Continue to provide training and technical assistance to embed within the Division and Arizona Families F.I.R.S.T. provider agencies evidence-based practice strategies that have been proven effective in engaging and treating substance abusing clients at an agency and provider level.
5. Explore opportunities for AzFF program development and service enhancement that will support Department goals and strategies, such as family-centered practice and Family-to-Family.
6. Use the results of the AzFF evaluation to identify necessary refinements to AzFF practice and service provision to families impacted by substance abuse.

Objective 13: Increase the number of foster, adoptive, and kinship foster and adoptive homes in targeted communities, including communities of color

1. Increase community awareness and engage community partners to actively recruit and support new foster and adoptive families in their neighborhoods.
2. Implement a statewide marketing campaign that will increase overall public awareness of the need for more foster and adoptive homes throughout the state.
3. Operationalize a more personalized toll-free information line so that inquiries from the public regarding foster and adoptive parents can be responded to by a Recruitment Response Specialist.

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4. Increase the number of kinship families so that children in congregate foster care and children with a goal of adoption and no identified adoptive family can be expeditiously placed in a family setting.
5. Strengthen the Division's relationship with communities of color in an effort to promote the recruitment of foster and adoptive families in these communities.
6. Streamline the foster parent licensing process for parents who have previous foster parenting experience.

For more detailed information on the activities that will occur to achieve Objective 13 and activities 1-6, see the *Foster and Adoption Home Recruitment and Retention Plan* in Section IV of this report.

Objective 14: Improve services and increase ICWA compliance on cases involving Native American children

1. Continue meetings with Indian Tribes to update, finalize, and develop new Inter-governmental Agreements (IGA) and Memos of Understanding (MOU) with Arizona Indian tribes pertaining to involuntary child custody proceedings involving American Indian children in State court.
2. Provide ICWA and cultural awareness training to increase awareness and knowledge among CPS staff of the Indian Child Welfare Act and Indian cultures.
3. Coordinate State ICWA policy and procedures training with the Inter-Tribal Council of Arizona and the Arizona State University College of Public Programs for the benefit of State and tribal CPS personnel.
4. Continue to hold meetings of a workgroup of Department staff and tribal ICWA liaisons to develop a quality assurance instrument for reviewing ICWA cases under the jurisdiction of the Department.
5. Complete quality assurance case reviews on a random sample of ICWA case files to monitor compliance with early identification of American Indian children, notice to tribes, placement preferences, provision of remedial/rehabilitative services, and effectiveness of ICWA training.
6. Continue to provide quarterly updates to the Tribal Social Services Work Group and ICWA liaisons on the number of children under State custody.
7. Continue to hold regular meetings between the Division's Indian Child Welfare Specialist and State and tribal ICWA liaisons to ensure inter-agency coordination, communication, and collaboration on ICWA cases.
8. Maintain a pool of qualified and trained expert witnesses, available to the Office of the Attorney General to provide expert witness testimony in State dependency and severance proceedings.
9. Establish within DCYF in Maricopa County another specialized ongoing case management unit to serve Native American children.

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10. Continue to implement a culturally appropriate foster/adoptive family recruitment plan in collaboration with Native American communities and Native American organizations to increase the number of licensed/certified Native American foster and adoptive homes.
11. Continue to support and collaborate with the Inter-Tribal Council of Arizona and Casey Family Programs to enable Indian tribes to receive Title IV-E funding by providing training and technical assistance.
12. Continue to provide technical support and training to assist the Hopi Tribe to implement their Title IV-E agreement.

Objective 15: Collaborate with the Juvenile Court, Court Improvement Program, Foster Care Review Board, and CASA Program to improve outcomes for children and families involved in dependency cases

1. Continue participation by the Division's Administration for Children, Youth and Families Program Administrator, Child and Family Services Manager, and a CPS Unit Supervisor in the CIP Advisory Committee.
2. Participate in two sub-groups of the CIP Advisory Committee to design a plan for the use of the New Perspective Court Improvement Grants for training and data collection and analysis and submit the grant applications.
3. Participate in caseload management trainings and in the implementation of the county caseload improvement plans.
4. In conjunction with the CIP Advisory Committee and other stakeholders, review and pursue the strategies and activities in the *Arizona Strategy for Improving Court Oversight and Processing of Child Welfare Cases – Action Plan*.
5. Continue collaboration with the Educational Consultant Program in Pima County.
6. Finalize and implement new Court rules on appeals of termination of parental rights orders, to reduce the number filed and the average time required to resolve appeals.
7. Continue to provide dependency training for attorneys assigned as guardians ad litem for children and ensure that they receive the training prior to their appointment, as required by the Child Abuse Prevention & Treatment Act (CAPTA).
8. Continue to expand the number of FCRBs that can and will accept progress reports, initial reports, case plans and attachment A documents from the Division via e-mail.
9. Initiate and/or continue a dialogue between CPS and FCRB, including quarterly meetings with District I staff, to identify and pursue methods to improve outcomes for children and families.

Objective 16: Participate in the Casey Family Programs Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System

1. Continue to hold meetings of the BSC on disproportionality to generate ideas for reducing disproportionality and disparate outcomes, and test the ideas at the Glendale and Avondale CPS pilot office sites.
2. Include questions such as “Why do you think people are poor?” in the interviews with CPS Specialist position applicants.
3. Revise the Speaker's Bureau presentation to include statistics on the ethnicity of children in out-of-home care to educate the public about overrepresentation of non-white children in out-of-home care.
4. Work with ongoing staff to include ethnicity and cultural considerations when requesting foster home placements; for example, consideration of familiar foods, skin and hair care, and language.
5. Continue negotiating with the Washington School District to have a CPS representative participate in multi-disciplinary staffings at two schools, to educate school personnel and identify alternatives to assist families while their children remain at home.

Objective 17: Increase family, youth, and stakeholder involvement in agency planning and practice improvement activities

1. Continue to hold quarterly meetings of the Foster Youth Advisory Board, comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals.
2. Continue to provide incentives for youth to participate in a Youth Panel in the initial training for new CPS Specialists, to provide a first person account of life in foster care; and involve youth in the development and implementation of CWTI advanced training for CPS Specialists and Supervisors.
3. Continue to hold meetings of the Governor's Oversight Committee for CPS Reform
4. Continue to expand the role of community organizations, including faith-based organizations, in Community Network Teams, Family Connections, Family to Family, local Recruitment Councils, and other efforts of the Division to improve services to children and families at the local community level.

Objective 18: Improve CPS Staff workload conditions and work environment

1. Identify additional case management functions that can be performed by someone other than CPS Specialists and provide or reassign resources to complete the necessary functions (such as case aides).

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2. Complete an inventory of CPS Specialist work/responsibilities added and taken away during the past three years, and use the information to eliminate any unnecessary or unproductive policies or procedures.
3. Provide methods for efficient data and case note entry (For more information, see Objective 16) and modify CHILDS to facilitate navigation within the system.
4. Streamline and redesign the CPS policy manual to enhance search and find features, include hyperlinks, and otherwise make information more accessible.
5. Implement a “roving staff” concept to assist difficult to fill urban and rural offices with CPS investigations and, in the interim, deploy Central Office staff to assist with CPS investigations, monitor child well-being through in-person contacts, and perform case management functions.
6. Increase family engagement in voluntary services, thereby reducing the number of children in out-of-home care and court involvement (For more information, see Objective 2).
7. Obtain funding for CPS staff to use when purchasing meals and snacks for children.
8. Create a statewide Employee Recognition Advisory Committee within the Recruitment and Retention Advisory Board.

Objective 19: Improve the hiring process for CPS Specialists and Supervisors to recruit the right people and retain staff

1. Modify the interviewing process to better evaluate passion, flexibility, values, and strengths of prospective employees.
2. Require all new applicants to view the new Realistic Job Video that portrays the opportunities and challenges associated with working for CPS in Arizona, prior to submitting an application or participating in a job interview.
3. Review and revise the recruitment materials currently used by CPS, to assure that all materials reflect the positive features of the work and the opportunities to improve the lives of children and families in Arizona.

Objective 20: Improve ease and quality of documentation of CPS case activity; particularly initial response, comprehensive assessment, and contact with non-custodial or incarcerated parents

1. Using a workgroup of district and Central Office personnel, develop, pilot, and migrate into CHILDS an Investigative Assessment Summary that includes subheadings and prompts for critical information requiring documentation.
2. Provide access to software and dictation services for faster entry of case notes.
3. Develop training curriculum on child welfare documentation, and link training materials to the on-line policy manual.

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4. Revise the Report Detail window to include information on initial response by law enforcement or other emergency personnel, in addition to the initial response by CPS.
5. Draft and distribute a template for a letter to incarcerated parents.

Objective 21: **Institutionalize a system to obtain and review information about the efficacy of the Division's training programs in achieving Division outcomes and goals, and improve the accessibility and content of training as indicated**

1. Develop and institutionalize a CWTI Training Advisory Committee to provide input into training needs and strengths.
2. Review the results of weekly Case Manager Core Training Evaluations and the ASU research on trainees' Self-Assessment of Skills Knowledge, and Abilities; and improve Case Manager Core Training as indicated by these evaluations.
3. Assess Tucson's CPS Specialist Mentoring Unit pilot, revise as necessary, and determine if expansion is warranted and feasible.
4. Finalize revisions and implement new Supervisor Core Training.
5. Provide instruction and assistance to all CPS Supervisors in the training and support of newly hired CPS Specialists.
6. Identify and make available alternative modes of training delivery to make training more readily accessible to participants statewide.
7. Finalize revision of the Field Training Manual and provide accompanying instruction to all those who train new employees, including Field Training Supervisors, and CPS Unit Supervisors.
8. Develop Division policy about child welfare training requirements, and communicate this policy to all CPS staff.
9. Provide Train-the-Trainer Certification for all CWTI staff.

Objective 22: **Develop supports and skills of CPS unit supervisors**

1. Continue facilitating peer Supervision Circles to promote communication and growth among CPS field staff.
2. Use Central Office staff with prior CPS supervisory experience as mentors and to provide on-site assistance to CPS Unit Supervisors.
3. Recruit and retain CPS Unit Supervisors by creating two grade levels for CPS supervisory positions.
4. Implement a newly revised CPS Supervisor Core Training Curriculum.

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5. Revise the Clinical Supervision Forms and procedures to better assist supervisors to assess case decisions.

Objective 23: Improve the accuracy and accessibility of AFCARS, NCANDS, Practice Improvement Case Review, and other critical performance data; and increase use of data in field practice and system improvement

1. Make available to Division staff a Business Intelligence Dashboard that allows administrative, supervisory, and practice improvement staff to generate worker, unit, or district specific reports to track key performance indicators such as timeliness of initial response to reports of maltreatment, timely closure of initial assessments, and case manager in-person contacts with children, parents, and resource families.
2. Continue to develop knowledge and skills in the use of cohort data and methods for making data accessible to staff.
3. Finalize a report to track data on adoption timeframes, and train staff to use the report to analyze and improve agency performance in timeliness of achieving adoption.
4. Continue to hold monthly meetings of District Automation Liaisons, Practice Improvement Specialists, District Program Managers, and Central Office staff to develop data analysis skills and clear roles and responsibilities for data correction and data analysis.
5. Institute a format and schedule for development and quarterly updates of Central Office and District Action Plans for Outcome Achievement.
6. Develop guides and training materials on CQI Teams and the Practice Improvement evaluation and action planning process, including a CQI training video, guidelines for including community members in CQI Team meetings, and a comprehensive QI handbook.

Section IV

Foster and Adoptive Home Recruitment and Retention Plan

FOSTER AND ADOPTIVE HOME RECRUITMENT AND RETENTION PLAN

A. Program and Service Description

Arizona's recruitment efforts seek to provide every child a safe, stable, and permanent home. Recruitment aims to establish an array of potential foster and adoptive parents that reflects the ethnic and racial diversity of the foster child community, and is equipped with the skills, tools, and supports to adequately meet the needs of children in their care. The Division's recruitment efforts seek to build strong relationships with communities of color, increase the numbers of foster and adoptive families of color, and build upon the cultural alliances of these communities.

Arizona has taken important steps to engage the community in the recruitment of foster and adoptive families. With community involvement at the center of recruitment, Arizona has implemented several new recruitment tools, including a call center equipped to respond to public inquiries, a statewide marketing campaign, regional community recruitment liaisons, and a collaboration with Native American tribes for recruitment of families for Native children.

Arizona continues the implementation of the Family to Family model, whereby foster and adoptive parents are recruited from the communities in which children are being removed. It is hoped that through this model children will remain in their own communities and maintain nurturing ties with friends, neighbors, and others who support them during and after their foster care experience. Kinship care is equally valued, recognizing that involving extended family in case planning increases permanency options and stability for children. The goal is to build lifelong connections for children.

Arizona uses various inter-state adoption recruitment resources, including the Adoption Exchange Association's AdoptUsKids, Adoption.com, the Arizona Adoption Exchange Book, quarterly newsletters to Arizona's foster parents and adoptive parents, and listing on the CHILDS Central Adoption Registry. Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements.

Adoptive placements are intended to be lifelong homes for children. Arizona has developed an array of pre and post-adoption support services to support permanency and stability through adoption. These services include placement of children on the Central Adoption Registry, preparing a child for the adoption process and selection of an adoptive home, recruitment and thorough assessments of adoptive homes, continued monitoring and support to adoptive homes, application for adoption subsidy services, and mental health services. In addition, the Division is exploring the further development of post legal adoption services.

B. Outcomes, Goals, and Measures of Progress

To understand and meet the diverse needs of children in foster care, Arizona elicits recommendations and input from the Arizona Foster Care and Adoption Coalition (AFCAC), the Native American tribal community, foster and adoptive parents, private child-placing agencies and other service providers. Arizona's recruitment goals and objectives are also based on important best practices learned through participation in national initiatives such as Family to Family and AdoptUSKids, and through thoughtful consultation with national child welfare resource centers.

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The Division's Foster and Adoptive Home Recruitment and Retention Plan is designed to support the State's ability to achieve permanency outcomes for children in out of home care, in particular:

Permanency Outcome 1:	Children have permanency and stability in their living situations.
Permanency Outcome 2:	The continuity of family relationships and connections is preserved for children.

Arizona will measure the success of its recruitment and retention efforts through progress toward the following permanency goals. See Section III, Part 2, of this Child and Family Services Annual Report for more information on these goals and a list of the State's other permanency goals.

Permanency Goal 3:	Timeliness of adoption
Permanency Goal 6:	Placement stability
Permanency Goals 7 – 10:	Reduce the number of children in group or shelter care
Permanency Goal 12:	Placement of siblings together

In addition, Arizona will monitor the effectiveness of its foster and adoptive home recruitment and retention efforts through the following recruitment and retention goal:

Recruitment/Retention Goal 1:	Decrease the percentage of children with a goal of adoption who have no identified adoptive placement by a minimum of 5% annually.
3/31/04:	17%
3/31/05:	12%

C. Fiscal Year 2006 Objectives and Accomplishments

The Department identified the following recruitment/retention objectives and benchmarks for SFY 2006. This section provides a description of progress toward achieving each objective.

Recruitment/Retention Objective 1:	To increase public awareness and improve public perception about the needs of children in the public child welfare system, and foster and adoptive parenting
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1. Update recruitment brochures and materials to include the Family to Family values and principles
2. Hire a professional with expertise in marketing to cultivate and build an Arizona-specific statewide general marketing campaign that will increase the public awareness of the need for foster and adoptive homes and improve overall public relations
3. Continue to collaborate with Faith in Kids (FIK) to increase awareness within faith communities statewide
4. Continue to collaborate with the DES Public Information Office to increase awareness among the general public relating to the need for foster and adoptive homes and publicize positive stories regarding adoption and foster parenting
5. Develop and implement an internal awareness campaign to educate DES employees on the need for foster and adoptive families, highlighting the KIDSNEEDU website, 1-877KIDSNEEDU telephone line, and the national AdoptUSKids

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6. Educate Division employees on the need for additional foster/adoptive families by providing training and recruitment information during CPS case manager core training and Division “Information Share” days

The Division has made progress towards achieving this objective. The Division has hired a marketing specialist who is charged with cultivating and developing an Arizona-specific statewide general marketing campaign that will increase the public awareness of the need for foster and adoptive homes and improve overall public relations. A contract has also been secured with a local marketing and advertising agency. One of the assignments of the marketing/advertising agency will be to develop a new logo which will be associated with the Children Need Homes statewide campaign. It is hoped that the introduction of a new logo will compel citizens to involve themselves through some capacity with Arizona’s foster children. All private agencies affiliated with the Division will also use the new logo with the hope of developing a consistent statewide awareness about the need for additional foster homes. Promotional materials and brochures will be updated to include the new logo as well as the Family to Family principles.

The Marketing Specialist will cultivate support from corporate partners, foundations, and large non-profits for the purposes of building an Arizona-specific general marketing campaign that will increase the public awareness of the need for homes. The success of the marketing campaign will be measured in part by the presence of general marketing messages in the community (commercials, billboards, flyers, news articles etc.). The outcomes will also be measured, in part, by the increase in inquiries received by the Division through the 1-877-KIDSNEEDU recruitment line and www.azkidsneedu.gov website.

In December 2005 the Division partnered with Faith In Kids, AdoptUsKids and Shohannah's Hope to provide information on adoption to the more than 10,000 people attending the Steven Curtis Chapman/Mercy Me Christmas concert at the Glendale Arena. The Division is currently working with the Governor’s office, State Representative Lean Landrum Taylor, Faith In Kids and others from the community in the planning of a Faith-Based Summit for the fall to enhance collaboration in the recruitment of foster homes and support provided for children in foster care.

To increase public awareness about the need for foster and adoptive homes, the Public Information Office will acquire the Division Director’s monthly one-page data summary. This data summary will be used to update the boilerplate media release. Data may include children in congregate care and the number, location, and capacity of licensed foster homes throughout the state.

The Division has maintained its participation in CPS Specialist core training. The objective of this effort is to educate DES employees on the need for foster and adoptive families and highlight the www.azkidesneedu.gov website, 1-877KIDSNEEDU telephone line, and the national AdoptUsKids. Additionally, in February 2005 the CQI Newsletter was circulated to all DCYF employees with Children Need Homes Logo, 1-877-Kidsneedu toll free number and www.azkidsneedu.gov website address attached.

Recruitment/Retention Objective 2: Improve the response to initial inquiries from potential foster and adoptive parents

1. Develop a centralized call-center/centralized database with enhanced features to accommodate the Spanish speaking community, and staffed by a Division employee so that there is a live voice to respond to inquiries.

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2. Continue to work cooperatively with the Governor's CPS Reform implementation team to improve the retention of foster families and to consider implementation of any recommendations offered
3. Continue to hold at least quarterly meetings between the statewide recruitment coordinator, district representatives for the KIDS NEEDU line, and other representatives to discuss methods for improving the toll free line and ensure that potential foster and adoptive parents are receiving consistent and accurate information

The Division developed a centralized call center that is currently staffed by a bilingual recruitment response specialist. The call center responds to inquiries originating from 1-877-kidsneedu, www.azkidsneedu.gov and AdoptUsKids, full-time, Monday through Friday, during normal business hours. All inquiries are tracked, and phone coverage can be adjusted to accommodate inquiries outside of the normal business hours and days. The Division is working with the newly established District Recruitment Liaisons to develop a system for follow-up calls and exit interviews. The call center provides the public with a live voice to answer general questions relating to the steps towards becoming a foster or adoptive parent. All licensing information, including orientation schedules, is available in both English and Spanish via Arizona's statewide www.azkidsneedu.gov website. Maricopa and Pima counties have also developed group orientation schedules and pre-certification training in Spanish. The Annual Children Need Homes Conference included various Spanish language workshops for Spanish speaking foster and adoptive parents.

The Division continues to diligently work to implement the recommendations for recruitment and retention of foster parents submitted by the Governor's Reform implementation team. The majority of recommendations regarding recruitment have been addressed. Attention is now being given to recommendations regarding foster parent retention.

Recruitment/Retention Objective 3: Increase the number of families expressing interest in becoming foster or adoptive parents and the percentage of these who initiate the licensing process.

1. In accordance with the Family to Family model, designate a recruitment liaison in each district to develop community workgroups on recruitment and retention of foster and adoptive parents; co-chaired by a foster or adoptive parent and including foster youth, foster alumni, local contract agency staff, faith based, and business partners; with training and support from the Division on Family to Family and other best practice trends in recruitment
2. Develop means and criteria to provide incentive monies to foster parents who recruit new foster parents
3. Increase the Division's ability to use photo-listing as a recruitment tool by featuring a child for an adoptive placement on the opening webpage of www.azkidsneedu.gov, and adding a heart gallery section to the website
4. Identify an appropriate approach to gathering input from contract agencies regarding their ability to meet the performance requirements of the contracts, to identify areas where barriers exist

The State revised its contracts to include the requirement for licensing agencies to report this data to the Department. Data indicates that the Division has made marked progress towards achieving this objective. During SFY 2006, the number of families expressing an interest in becoming a foster or adoptive parent has increased from 250 per month to 400 per month, or 60%. Additionally, of the 400

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families expressing an interest in becoming a foster or adoptive parent, 120 or 30% initiate the licensing/certification process.

Additionally, the State has developed six new District Liaison positions. These individuals will work in collaboration with local licensing agencies to ensure families are completing the licensing process. The success of this objective will be demonstrated through an increase in the number of families completing the licensing process within six months versus the number of families completing the licensing process within six months last year.

All of the six statewide CPS districts have filled their Recruitment Liaison positions. Recruitment Liaisons are currently developing their Community Recruitment Councils and actively engaging their respective communities in their efforts to recruit new foster and adoptive families. The statewide recruitment coordinator holds monthly meetings with the Recruitment Liaison. Monthly meetings provide the Liaisons the opportunity to collaborate with each other and Central office staff. Community Recruitment Councils will include the district recruitment liaison, foster and adoptive parents, foster youth, foster alumni, local contract agency staff, faith based and business partners, and any other community members with an interest in this initiative.

The Division website, www.azkidsneedu.gov, allows users to view pictures of children and sibling groups who are currently waiting for adoptive placements. To access these pictures users simply click “view waiting children.”

The Division is currently issuing a statewide Request for Proposals for foster and adoptive home recruitment, study, and supervision. New contracts will dictate more stringent reporting requirements as well as new goals, objectives, and payment points. The contract will use Casey Connections, Family to Family, and Family Group Decision Making approaches for intensive kinship searches and child-specific recruitment. In coordination with district providers, the contract will require statewide cross-jurisdictional efforts for child-specific recruitment.

Recruitment/Retention Objective 4: Increase the percentage of foster and adoptive families that are licensed/certified within six months or participating in an orientation

1. Increase the Division’s ability to offer mentors to families who make inquiries through the DES website, www.azkidsneedu.gov
2. Confer with the OLCR to streamline the process for foster families relocating to Arizona who have previously been licensed in other states and wish to begin fostering children in Arizona
3. Confer with the OLCR to develop a “rapid reactivation” process for families who have chosen to discontinue their foster care license but later wish to resume foster parenting

The Division is making progress toward this objective. There has been a 20% decrease in the amount of time it takes families to become licensed/certified. On average, it was taking families eleven months to complete the licensing process. Families are now able to complete the licensing process in 9 months.

Prospective parents inquiring about becoming a foster or adoptive parent via AdoptUskids.org are now offered a mentor through the Arizona Association of Foster and Adoptive Parents (AZAFAP). Most recently, the call center has begun offering contact information for the AASK special friends program and Foster Angels for those who want to become mentors in the Maricopa County area.

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The Department's Office of Licensing, Certification and Regulation (OLCR) is currently unable to recognize out of state foster care licenses. However, Arizona is able to fully recognize PS-MAPP pre-service training certificates from other states. Foster families relocating to Arizona who wish to begin fostering children are advised to submit a Release of Information with their out of state agency to authorize the Arizona licensing agency to obtain the families prior home study information. This action expedites the gathering of historical family information for Arizona to complete a new home study.

In 2006 the OLCR automated the licensing process to save foster parent's records electronically; therefore, foster parents requesting to reactivate a foster care license will only be required to update expired information. Foster parents who were previously PS-MAPP certified will not be required to complete pre-service training to renew their license.

Recruitment/Retention Objective 5: Increase targeted recruitment of foster and adoptive families in communities that reflect the ethnic and racial diversity of children in care; and that will accept placement of children over the age of nine, minority children, sibling groups, and children with special needs.

1. Implement an Inter-Governmental Agreement with the ASU School of Geography to continue GIS mapping and provide technical assistance to Recruitment Liaisons, Program Managers and recruitment staff on utilizing data to identify key areas for recruitment & retention activities
2. Develop a collaborative workgroup including representatives from the Division and Native American tribes to address the needs of Native American children in care by:
 - re-vitalizing the tribal-state workgroup;
 - discussing recruitment/retention strategies;
 - developing a mutual recruitment and retention plan;
 - engaging viable stakeholders from Native American communities to support recruitment/retention efforts.
3. Solicit a request for proposal for child specific recruitment targeted to increase the number of homes interested in providing care for children ages nine and older who are living in congregate care and have a case plan of long term foster care; using the Family Group Decision Making model to increase the number of kinship foster and adoptive homes
4. Continue to implement the Family to Family model as a method to increase the Division's capacity to provide homes for sibling groups, children of color, and children over the age of nine years
5. Continue to enhance the Spanish language capacity of the www.kidsneedu.gov website by developing the capability for families to "e-mail" questions to the Division in Spanish, posting adoption and foster care related publications on the internet in Spanish, and making the webpage "Meet Arizona's Waiting Children" available in Spanish.
6. Collaborate with the Foster Alumni Youth Advisory Board, Courts, the Division's Independent Living Program, contract providers, and other community stakeholders to develop strategies to increase permanency for youth

Many tasks have been completed to address this objective. The Division is currently collaborating with

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the Arizona State University School of Geography to develop a mapping system which will outline the specific areas, statewide, in which children are being removed from their homes. Maps will illustrate the number of children removed from each specific county, numbers removed by zip code, school district, age groups, and ethnicities. The maps will also illustrate the areas where licensed foster homes currently exist in relationship to the areas in which children are being removed from their homes. It is anticipated that through the development and distribution of these maps, CPS Specialists will have a better understanding of when children are not being placed in foster homes closest to their homes of origin; to better inform and improve practice. Division staff, in collaboration with staff from the ASU School of Geography and district Recruitment Liaisons, are currently presenting the findings of this research to stakeholders from each of the six districts. Through the information gathered from the maps, Recruitment Liaisons will be better equipped to target their local community recruitment and retention activities.

The Division continues to collaborate with representatives from Native American tribes to develop and implement strategies to recruit foster and adoptive homes for Native American children, as well as to engage the Native American community in this initiative. The workgroup is currently divided into four subcommittees:

- Child Specific Recruitment
- General Recruitment
- Targeted Recruitment
- Retention

The workgroup has outlined the following recruitment goals:

- Develop innovative Request for Proposal and contract process for specific Native American children.
- Identify specific Tribal affiliation of children in care and include Non-ICWA eligible children.
- Explore fundraising options to identify placement resources for Native American children.
- Develop a process/procedure of potential placement resources for Native American children when they are first placed in care. Maintain the resources throughout life of case.
- Identify the financial resources available for kin placements. Assist kin placements in accessing resources.
- Increase the number of licensed Native American foster families for children both on and off the reservation.
- Seek private funding for recruitment activities.
- Develop a protocol on training and support system between the Division and Tribes for Native American foster families.
- Develop a statewide general marketing campaign to raise awareness about the number of Native American children in care and the need for foster homes.

Fifty-two families with at least one Native American parent had an active foster care license during SFY 2006. The Department also places children in Native American unlicensed kin families. These families generally provide care only to related children. Future efforts will be measured by an increase in the number of licensed Native American foster families available to care for Native American children on and off the reservation.

Additional efforts to engage the Spanish speaking community include participation in the Annual Hispanic Women's Conference, the National "Answering the Call" Spanish recruitment campaign, and collaboration with Hispanic media affiliations. The "Meet Arizona's Waiting Children" link on the KidsNeedU website is now also available in Spanish.

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The Division recognizes the importance of involving youth in its efforts to recruit families. The Division hosted a “Youth Day” at the annual Children Need Homes Conference. Foster youth between the ages of twelve and eighteen were invited to participate in a segment of the conference. The day included a variety of activities but was focused on eliciting youth feedback for recruiting foster and adoptive parents. This was a unique opportunity for both staff and youth to gain perspective on what makes good foster or adoptive homes and the specific things youth are looking for with regards to permanency. The Foster Alumni Youth Advisory Board will be consulted in the planning the “Youth Day” for the next Children Need Homes Conference. In addition, each district recruitment council developed by Recruitment Liaison positions will include participation of a youth. The Foster Alumni Youth Advisory Board will be consulted in the recruitment of youth for this purpose. The Division plans to continue utilizing youth in recruitment efforts.

Recruitment/Retention Objective 6: Improve foster and adoptive parent training

1. Work with the Arizona Association of Foster and Adoptive Parents (AZAFAP) to further develop training specifically for foster and adoptive parents
2. Continue roll out of PS-MAPP training and offer the necessary supports to contract providers
3. Work with the Division of Behavioral Health Services to provide additional training to foster and adoptive parents caring for children with moderate to severe emotional and behavioral health needs.
4. Explore ways to increase kinship families’ awareness of relevant training and community support services

The Division values the role of the Arizona Association for Foster and Adoptive parents (AZAFAP). The Department is collaborating with the AZAFAP with the intent of providing additional Mini PS-MAPP sessions. The Department is also working with tribes in Mohave County to hold a full PS-MAPP training session.

The Division has made great progress in the roll out of PS-MAPP training. To date, more than 248 individuals have been PS-MAPP Leader certified. Leader sessions will continue to occur either every other month or quarterly as needed. More than 300 individuals have completed the PS-MAPP and Mini PS-MAPP training. The Mini PS-MAPP training was delivered almost exclusively by Department staff to support the contract providers. By the end of March 2006 over 75 individuals will be Mini PS-MAPP Certified Leaders. The AZAFAP intends to offer Mini PS-MAPP sessions independent of the licensing agencies and Department to foster parents.

The target date for all new resource parents to receive PS-MAPP training as their preparation program remains July 2006. The target date for currently licensed foster parents who have not completed the full PS-MAPP program is July 2007. PS-MAPP and Mini PS-MAPP training sessions are available in Spanish.

The Division is currently collaborating with the Division of Behavioral Health Services (DBHS) and the Regional Behavioral Health Authorities to create an advanced training curriculum which is compatible with the PS-MAPP preparation and selection program.

The Division intends to work with DBHS to identify topics and speakers for the annual Children Need Homes conference. The Division continues to seek input from the AZAFAP on training for the

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Conference.

Recruitment/Retention Objective 7: Improve the accuracy, completeness, and timeliness of information shared with foster and adoptive families regarding the child welfare system and children placed in their care

1. Collaborate with the DBHS to incorporate the use of PS-MAPP training for the licensing of therapeutic foster families statewide
2. Continue to maintain the Department website, which provides information and resource links relating to kinship care, foster and adoption licensing, DES policy and current systemic changes within DES

The Division of Behavioral Health Services (DBHS) fully supports the use of the 30-hour PS-MAPP program by all of the Regional Behavioral Health Authorities contracted agencies. Most of the RBHA contracted agencies have adopted PS-MAPP as their pre-service preparation and selection for new therapeutic foster families. Many of the RBHA contracted agencies staff have completed PS-MAPP Certified Leader Training or will become certified in the future. This still requires implementation in District I, Maricopa County.

The Division website continues to provide current information in both English and Spanish. Some of the topics the website allows interested families to explore include the foster care licensing and adoption certification processes, local and regional training schedules, and viewing the faces/profiles of children waiting for adoptive homes. The Division is working with a marketing company to update the DES foster care and adoption recruitment website. DES sponsored training such as the annual Children Need Homes Conference and other relevant training will be listed on the website.

Recruitment/Retention Objective 8: Improve services and supports to foster, adoptive, and kinship parents to enable them to provide stable and nurturing care to the children placed in their homes

1. Continue to utilize the database and survey developed through collaboration with Adoption.com to solicit feedback from foster and adoptive parents regarding their experience with the system
2. Develop a more comprehensive foster parent recognition program to honor foster parents for their dedication and hard work
3. Continue to support the Arizona Association for Foster and Adoptive Parent (AZAFAP) mentoring program while increasing training that is provided to foster and adoptive parents
4. Continue dialogue with the Division of Behavioral Health Services to enhance the use of Child and Family Teams as a support to adoptive families.

The Division continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). This is demonstrated by featured articles related to AZAFAP in the statewide foster and adoptive parent newsletter and by distributing AZAFAP membership brochures to all potential Arizona foster and adoptive parents. The Division solicits input from AZAFAP in the planning of its annual Children Need Homes conference, particularly the portion designated for foster and adoptive parents. Foster parents are also honored at a special recognition dinner sponsored by the AZAFAP, as well as during the annual Children Need Homes conference.

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The Division partnered with AZAFAP on the Foster Care Month 2006 blue ribbon event held May 4th at Heritage Square in downtown Phoenix. The event included tying ribbons in honor of the over 9,500 children in foster care in Arizona and featured Mrs. South Phoenix – a current foster mother who has chosen foster care as her platform.

The Department continues to solicit feedback from foster and adoptive parents relating to their experience with the system. Information is not formally tracked in a database. The Department does follow up with any family that is unhappy with their experience with the system. Feedback from families is also summarized in quarterly reports submitted to AdoptUSKids.

The Division continues to have ongoing dialogue with the DBHS regarding the use of Child and Family Teams (CFT) as a support to adoptive families. This is a challenging area as CFTs are not consistently used and/or available in every circumstance. The Division also solicits support and input from DBHS in planning topics and identifying speakers for the annual Children Need Homes conference.

D. Objectives and Activities for 2007

Recruitment/Retention Objective 1: To increase the number of foster and adoptive homes in targeted communities by increasing community awareness and by engaging community partners to actively recruit and support new foster and adoptive families in their neighborhoods.

1. Publish monthly informational articles in selected geographic areas. Articles will include the number, ages, and ethnicities of children who are in out-of-home placement in congregate care (shelters and group homes) and awaiting out-of-home placement in a family setting, and those children who have a case plan goal of adoption but do not have a prospective adoptive family identified.
2. Establish community-based Recruitment Councils in each district.
3. Develop a centralized training to the Community Recruitment Liaisons, Community-based Recruitment Councils and other neighborhood partners on the Division and Family to Family values.
4. Assist the Community Recruitment Liaisons in developing and implementing a recruitment plan for the communities they serve.
5. Compile recruitment outcomes and report statewide progress to the Department's leadership.
6. Identify a list of volunteer mentor programs by district that directly benefit and assist foster children.
7. Identify a list of volunteers who can mentor new foster parents through the licensing process.
8. Continue to collaborate and strengthen relationship with faith based communities, particularly those within communities of color.

Recruitment/Retention Objective 2: Implement a statewide marketing campaign that will increase the

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overall public awareness for the need for more foster and adoptive homes throughout the state.

1. Continue to educate Division employees on the need for additional foster/adoptive families by providing training and recruitment information during CPS case manager core training and Division “Information Share” days.
2. Develop an evaluation component that will measure the effectiveness of the recruitment activities.

Recruitment/Retention Objective 3: Operate a more personalized toll-free information line so that inquiries from the public regarding foster and adoptive parents can be responded to by a Recruitment Response Specialist.

1. Develop procedures so that inquiries from the public regarding foster and adoptive parenting can be addressed with consistency and timely follow-through.
2. Continue to track call volume, call source, timelines, and other indicators relevant to successful licensing and certification processes.
3. Expand the capacity of the statewide call center to respond to additional calls in the evenings and on weekends.

Recruitment/Retention Objective 4: Increase the number of kinship families so that children in congregate foster care (shelter and group homes) and children with a case plan goal of adoption without an identified adoptive family can be expeditiously placed in a family setting.

1. Implement a contract or additional full time employee that will use Family Group Decision Making (FGDM) to move children from congregate care into a family home setting. This mechanism will also be used to identify adoptive families for children who are legally free for adoption with no identified adoptive family.
2. Establish follow-up supports to Family Group Decision Making conference meetings.
3. Assess the child-specific recruitment portions of current home recruitment contracts and identify areas needing modifications.
4. Continue to utilize the database and survey developed through collaboration with Adoption.com to solicit feedback from foster and adoptive parents regarding their experience with the system.
5. Continue to support the Arizona Association for Foster and Adoptive Parent (AZAFAP) mentoring program while increasing training that is provided to foster and adoptive parents.
6. Continue dialogue with the Division of Behavioral Health Services to enhance the use of Child and Family Teams as a support to adoptive families.
7. Explore new ways to support kinship placements.

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8. Revise the content and format of the Division newsletter distributed to foster and adoptive parents.

Recruitment/Retention Objective: Strengthen the Division's relationship with communities of color in an effort to promote the recruitment of foster and adoptive families in these communities. To streamline the foster parent licensing process for parents who have previous foster parenting experience.

1. Explore strategies to improve relationships with Native American, Hispanic, and African American communities.
2. Share learned strategies with current contracted home recruitment providers to improve their efforts to recruit within communities of color.
3. Review and modify, if needed, current practices, such as the frequency and location of recruitment orientation sessions to better meet the diverse needs of prospective foster and adoptive parents in these communities.
4. Modify current practice to include an incentive program for existing foster parents who actively recruit new foster and adoptive homes for children over age nine, sibling groups, and children of color.
5. Identify opportunities to utilize foster care alumni's expertise in recruitment of foster and adoptive homes and for teens in care.
6. Continue to implement the Family to Family model as a method to increase the Division's capacity to provide homes for sibling groups, children of color, and children over the age of nine.
7. Continue to collaborate with the Foster Alumni Youth Advisory Board, Courts, the Division's Independent Living Program, contract providers, and other community stakeholders to develop strategies to increase permanency for youth.
8. Continue to participate with the collaborative workgroup which includes representatives from the Division and Native American tribes to address the needs of Native American children in care.
9. Continue to enhance the Spanish language capacity of the www.kidsneedu.gov website by developing the capability for families to "e-mail" questions to the Division in Spanish, posting adoption and foster care related publications on the internet in Spanish, and making the webpage "Meet Arizona's Waiting Children" available in Spanish. Develop a link on the website for families to view the definitions of commonly used terms in the child welfare system.

Section V

Child and Family Services Training Plan

CHILD AND FAMILY SERVICES TRAINING PLAN

A. Training Program Description

The Division's Child Welfare Training Institute (CWTI) offers a comprehensive child welfare training program in support of the State's commitment to providing quality services to Arizona's children and families. Staff development and training opportunities are provided in a variety of ways. A comprehensive Case Manager Core training is provided to newly hired Child Protective Service Specialists. The CWTI also provides Supervisor Core training, Parent Aide Core training, in-service and out-service workshops, specialized trainings, and advanced trainings. The CWTI participates with the districts in rolling out new initiatives, such as the In-Home Interventions trainings provided in early 2006. In order to better support new staff in the field, the CWTI provides regular refresher trainings in the CHILDS computerized case management system, and also in utilization of the *Child Safety Assessment* and the *Strengths and Risk Assessment Tool*. The Division encourages staff to attend community workshops and provides opportunities for the pursuit of Bachelor and Master Degrees to further improve the quality and professionalism of services.

Various audiences benefit from the Department's staff development and training program. Newly hired case managers, existing support and professional-level staff, supervisors, and managers all benefit from advanced and specialized trainings. Short term training for current and prospective foster and adoptive parents and for staff of licensed group homes and shelters is also provided to prepare caregivers to provide support and assistance to foster and adopted children. Case Manager Core training is also shared with our community partners such as Value Options and case managers from the Navajo and Hopi tribes. The CWTI also provides training in CHILDS for staff from designated provider agencies that have access to this system.

All training costs will be allocated according to the Department's approved cost allocation plan. Case manager core and foster and adoptive parent pre-service training costs will be allocated based upon the Title IV-E population factor and claimed using the enhanced training percentage of 75% Title IV-E and 25% State matching funds. Ongoing training costs for Department staff and providers will be allocated based upon the Title IV-E population factor and claimed using the ongoing training percentage of 50% Title IV-E and 50% State matching funds.

1. Core Training

Case Manager Core

Case Manager Core (initial in-service training) provides a combination of classroom instruction and field practice experience. Case Manager Core training for newly hired investigative and ongoing services CPS Specialists provides learning activities for functions essential to performing job duties. Case Manager Core includes extensive content on agency policies and procedures, the use and benefits of the child welfare statewide information system (CHILDS), and child welfare best practice. The learning activities span approximately twenty-two weeks and include a comprehensive combination of classroom instruction and field experience. The curriculum is delivered using many different media, including lecture, discussion, practical activities, video/slides, PowerPoint presentations, role modeling, mentoring, and other resource materials.

The first component of Case Manager Core requires the trainees to attend six weeks of classroom

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training. The initial two weeks of the training focuses on foundational child welfare topics. The remainder of the training uses a pragmatic approach to learning by sequentially following and assessing a current Arizona case. Topics covered throughout the six weeks of classroom training include vicarious trauma/self care, cultural diversity, the effects of child abuse and neglect on child development, centralized hotline (initial receiving and screening of child abuse reports), indicators of child abuse, sexual abuse, family dynamics, interviewing, child safety assessment, strengths and risk assessment, statewide automated child welfare system, legal, behavioral health, child placement, case plans and staffings, substance abuse, and domestic violence. A focus on family-centered practice is woven throughout all topic areas. During the six week Core training, trainees are given hands-on experience in assessing child safety, developing safety plans, holding case staffings, interviewing clients, and testifying. Staff from the Comprehensive Medical and Dental Program (CMDP), Arizona's medical/dental plan for foster children, provide training on how to obtain physical and mental health services for children in out of home placement more effectively. Other diverse training staff includes Division trainers, Field Training Supervisors, community providers, foster youth and alumni, and other child welfare stakeholders.

Case Manager Core training includes comprehensive training on CHILDS, the automated case management information system. This CHILDS training includes hands-on experience in a computer lab, where trainees enter case information into an automated training region. The training also includes "Lab" days for trainees to continue practicing their CHILDS skills in the lab. Trainees are also provided 'stand-alone' CHILDS classes on all aspects of child welfare (investigations, case management, adoption, etc.).

The Case Manager Core training incorporates a practical, hands-on instructional style through Field Training. Field Training exercises facilitate transfer of learning and provide an opportunity for new case managers to apply the knowledge and skills learned in the classroom. Field Staff Development Training Supervisors, who assure that the training is methodical and consistent with best practice, supervise all Field Training experience.

Field training is organized into three phases, as follows:

- *Pre-core* – The first phase, known as pre-core, occurs between the hire date and the starting date for Case Manager Core training). This two week period is structured to offer the new CPS Specialist an orientation to the agency and to the work of a CPS Specialist. During this first phase, trainees are introduced to CHILDS and to district and State policies and procedures. If time allows, new case managers also shadow seasoned workers to gain an initial context for their work.
- *Field Week* – The second phase occurs in the fourth week of the Case Manager Core training. After three weeks in class, trainees have a "Field Week" in which they return to their assigned units. At this time, they have further opportunities to shadow other workers and apply their classroom knowledge to practical situations.
- *Post-core* – The third phase of field training begins the day after trainees complete core training and extends to the start of their 22nd work week. During this post-core phase, training is facilitated by both the Field Training Supervisor and Unit Supervisor to enhance the trainee's skills. The supervisors use a checklist to identify the accomplishment of various learning objectives and to hold trainees accountable for designated activities and competencies. For each trainee, the Field Training Supervisor maintains an employee file that includes performance

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expectations, assessments, evaluations, communication logs, learning style survey, and any other documentation that supports and measures the trainee's progress.

Arizona is committed to providing CPS Specialists with the skills necessary to assist children and families to achieve positive outcomes. Core training programs are continually evaluated and revised to achieve this goal. For example, the initial in-service training program's evaluation component was expanded in FY 2005 and maintained in FY 2006. Evaluation forms are completed by the trainees after each class to solicit their suggestions for improving the training content or delivery. Suggestions are considered and appropriate revisions made to the curriculum. A likert scale measures the overall satisfaction new CPS Specialists have with the Core training program. Also, in partnership with Arizona's universities, a self-assessment tool was developed to measure the knowledge, skill, and job satisfaction of new CPS Specialists. This assessment is completed by new employees four times during their first year of employment.

The estimated cost in FY 2007 is \$800,000 for an estimated 450 trainees.

Supervisor Core Training

The Supervisor Core training program occurs intermittently over a one year time span so that field supervisors can continue to provide supervisory support while they attend the training. A new group of supervisors begins Supervisor Core training every six months. The first three months of Supervisor Core training include training on performance evaluations, ethical issues and legal leadership. Months four through nine of Supervisor Core training include classroom training in areas such as leadership for high performance, CPS policy, clinical supervision, managing work through others (delegation), and management of conflict and change. Months ten through twelve provide the trainee opportunities to make-up any classes or requirements that were not completed during the initial nine months. All supervisors are encouraged to have all of the training requirements completed by the end of the twelve month period. As noted later in this report, work is being done to revise the Supervisor Core curriculum. Future curriculum will utilize Arizona Government University curriculum for core leadership classes, and will utilize CWTI to provide more hands-on training relative to the daily job needs and activities of new supervisors. Curriculum will also be expanded to include additional training to assist supervisors in the post-core training of newly hired CPS Specialists.

The estimated cost of in FY 2007 is \$180,000 for an estimated 100 trainees.

Parent Aide Core Training

Parent Aide Core training is provided for all Parent Aides, Family Support Specialists, and Case Aides. This training provides the knowledge and skills necessary for working within the child welfare system. The training consists of eight classes, two to three days in length, completed over a four month time span. Both community trainers and internal staff development personnel within the Training Unit and/or field units conduct this training. Trainers use various presentation methods, including lecture, group exercise, role play, PowerPoint, audio and video.

The estimated cost for FY 2007 is \$200,000 for an estimated 350 trainees.

Non-Core Training Requests

These trainings provide instruction on navigating the CHILDS computer based case management system.

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The trainings are tailored to the needs of the requesting agency. Audience includes contracted direct service providers, representatives from Tribes, and other child welfare stakeholders such as the Foster Care Review Board.

The estimated cost in FY 2007 is \$200,000 for an estimated 350 trainees.

2. Workshops, Advanced Training, and Specialized Training Programs

Workshops and Advanced Trainings

On an annual basis, workshops and advanced trainings are offered for all Division staff. Topics available via these workshops/trainings include methamphetamines, managing conflict, gangs, working with chemically dependent families, Arizona Families F.I.R.S.T. (Substance Abuse Program), and Independent Living/Arizona's Young Adult Program.

The Governor's CPS Reform Plan mandates that CPS staff receive 24 hours of advanced training per year. The Division is currently implementing a plan to offer specific advanced training modules to enhance the skills and knowledge of employees at varying levels of experience. Topics for these Advanced Trainings include but are not limited to: "0-5 Mental Health, Levels I and II," "Permanency Planning for Adolescents," "Trauma and Mental Health Disorders," "Stress, Burnout, and Secondary Trauma," "Adoptions Advanced Training," "Client Engagement for the CPS Professional," "Documentation for Investigators," "Documentation for Ongoing Workers," "Visitation," and "Working with Adolescents in Care." These training modules will be offered statewide at varying intervals to provide continuing education opportunities for all CPS staff.

Annual conferences are provided to management and field staff. These conferences include the:

- Division Supervisor and Management Forum/Leadership Conference
- Summer Institute, sponsored by the Division of Behavioral Health Services
- Children Need Homes Conference, sponsored by the Arizona Foster Care and Adoption Coalition
- Child Abuse Prevention Conference, sponsored by Prevent Child Abuse of Arizona
- Cultural Diversity Conference, sponsored by the Department
- Inter-tribal Indian Child Welfare Conference, sponsored by the Inter Tribal Council of Arizona, Inc.
- Family Centered Practice Conference, sponsored by Prevent Child Abuse of Arizona

The estimated cost in FY 2007 is \$300,000 for an estimated 1,200 trainees.

Specialized Training Programs

In addition to the aforementioned trainings, Childhelp USA offers training to child welfare staff on the following topics: Legislative Advocacy, Neuropsychological and Behavioral Reactions to Abuse, Professional Testimony, and Medical issues, such as head trauma, bruises, burns, abdominal injuries and fractures. These trainings occur approximately nine times per year and are either a half day or full day in length. Childhelp USA is also partnering with the Division to facilitate advanced Interviewing training.

Arizona Foster Care Review Board (FCRB) provides orientation and training for its volunteer representatives and staff. The volunteers perform case reviews pursuant to the Adoption Assistance and Child Welfare Act and the Adoption and Safe Families Act and, as such, play an important role in

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promoting effective permanency planning for children in foster care. FCRB training is designed to enable volunteers to actively and competently participate in case reviews and formulate recommendations to the Juvenile Court. Staff and volunteers of the Foster Care Review Board attend trainings on the following topics:

- Family Group Decision Making
- Indian Child Welfare Act
- Advocacy
- Removal Review Process
- Legislative Process
- Dually-adjudicated Children
- Family Drug Court
- Orientation to Child Protective Services
- Family-centered Strength Based Practice
- Medication Nutrient Interactions In Children
- Selected educational programs related to Arizona's abused and neglected children

The Administrative Office of the Court (AOC) and two counties are currently participating in an IGA with the Department. Pursuant to this agreement, they encourage staff to attend Title IV-E seminars to maintain relevant knowledge and/or expand on their skills already in place. The Juvenile Justice Service System also encourages staff to participate in training related to case management and program monitoring activities.

The estimated cost in FY 2007 is \$214,600 for an estimated 1,220 trainees.

Assistant Attorney General Trainings

The Division partners with the Arizona Office of the Attorney General to enhance training on legal aspects of child welfare and the intersection of legal issues and social work practices. Assistant Attorney Generals provide training to staff in Case Manager Core, Supervisor Core, and other specialized trainings. To ensure that the attorneys representing the child welfare agency are informed on agency policy, best practices and relevant social work issues, the Assistant Attorney Generals also participate in these trainings in updates on current child welfare practices, legal implications, and training issues.

The estimated cost in FY 2007 is \$50,000 for an estimated 100 trainees.

Provider Training

Foster and adoptive parent training is provided by contracted agencies in the community. To improve consistency and quality, Arizona purchased the Partnering for Safety and Permanence- Model Approach to Partnerships in Parenting (PS-MAPP) training curriculum. For more background information on PS-MAPP and its implementation, please see subsection B, Training Objective 3.

Each licensing year, prior to licensing renewal, a foster parent attends a minimum of six hours of ongoing training. Annual training includes advanced training in special subjects such as:

- child management techniques based on the developmental needs of children in foster care;
- discipline, crisis intervention, and behavior management techniques; and
- placing agency policies.

The foster parent must also complete any additional training required by the licensing agency or placing

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agency to develop specialized skills and to meet or maintain compliance with foster care requirements.

The Division continues to partner with group care provider agencies to enhance opportunities for the short term training of State-licensed child care institution staff who provide care to foster and adopted children. This training enhances the ability of these staff members to provide support and assistance to children in their facilities.

The estimated cost in FY 2007 is \$450,000 for an estimated 4311 trainees (2106 PS-MAPP/Pre-Service and 2205 Foster/Adoptive In-Service).

University/College Partnerships

The Division provides opportunities for staff development through education and training provided by the State's Universities. For example:

- Tuition reimbursement is available for job-related courses or degrees at a rate up to the cost of public universities. One hour of educational leave may also be granted per three hours of class time.
- Up to ten staff members are selected annually to participate in the Advanced MSW Program provided by Arizona State University (ASU) West Campus. This one year advanced program enables Division employees to study full-time while being granted educational leave. The students are relieved of their regular agency duties when enrolled in this program. Staff who complete this advanced one year MSW program return to their regular CPS duties and use their new skills and education to better serve the families of Arizona.
- Twelve Division staff attended a pilot Part-time Community Based MSW Program. This is a part-time study and field instruction program which permits students to achieve their MSW degrees in three years. These students are due to graduate in 2006.
- In collaboration with the ASU Child Welfare Training Project, the Division recruits and educates MSW and BSW students to prepare them for a career in child welfare. Stipends are awarded to qualified students who commit to at least two years of employment with CPS following graduation. During FY 2006 twenty-seven students graduated from the MSW stipend program and have been hired by CPS. In May 2006 twenty Division staff were accepted for the Fall 2006 MSW program. Upon graduation in May 2008, applicants will begin their employment with CPS. Ten staff graduated from the Advanced MSW ASU-West Program this FY and returned to work in May 2006.
- The Division, in partnership with ASU-Main, implemented a pilot Part-Time Community Based MSW program that encouraged a diverse group of students from metropolitan inner city area agencies, along with Division staff, to participate. This is a part-time study and field instruction program that permits students to achieve their MSW's in three years. Thirteen Division staff participate in this program. Two staff graduated in May 2006 with their MSW and eleven staff will graduate in August 2006.

The estimated cost in FY 2007 is \$2,300,000.

3. Outcome Evaluation

The CWTI uses a variety of methods to evaluate the effectiveness of its training program. Examples include the following:

- Evaluations are used to measure performance in many of the workshops and conferences held throughout the state. Topics and presenters rated highly are retained and continued, such as the Child Welfare Safety training. Suggestions are taken into consideration for future presentations or conferences. For example, following recommendations on evaluations at previous conferences, the 2006 annual Division Leadership Conference contained workshops on stress-management for CPS supervisors.
- After each Case Manager Core class, trainees complete evaluation forms to provide their suggestions for improving the training content and/or delivery. The CWTI takes suggestions into consideration and makes appropriate revisions to the curriculum. A likert scale measures the overall satisfaction new case managers have with the Core training program. Based on trainee requests for practical and job-related training, the CWTI changed the curriculum in 2005 to follow the “Life of a Case.” For 2006 the CWTI made the following additional changes based on trainee feedback from these evaluation forms:
 - Increased hands-on practice with the CHILDS case management system
 - Increased hands-on practice using the Child Safety Assessment, Child Safety Plan, and Strengths and Risk Assessment
 - Increased demonstration of the relativity of theory to their jobs
 - Re-arranged the segments to provide maximum fluidity
 - Interwove CHILDS with related case-management tasks (e.g. learn case-planning, then input the case plan into CHILDS)
- In partnership with Arizona’s Universities, a self-assessment tool is used to measure the knowledge, skill, and job satisfaction of new CPS Specialists. This assessment is completed by new employees four times during their first year of employment. Once analyzed, results of this tool are used to evaluate the effectiveness of the Core Training. The first year and initial findings were reported to the CWTI June 28, 2006, and discussion is underway about how to implement changes based on these findings. The findings specifically related to training indicate trainees reported the following:
 - CWTI training had a positive impact on trainees’ self-reported competency and skill levels, in all subjects addressed, for both ongoing and investigative trainees;
 - Trainees liked almost all of the content areas;
 - Trainees prefer “practical” and active experiential exercises, group activities, etc.;
 - Trainees learn from real-life pictures and panels of consumers, foster children, etc.;
 - Trainees want more content about testifying, identifying child abuse, interviewing and making assessments, case-planning, documentation, domestic violence, and substance abuse;
 - Trainees would like to have some of the training time devoted to their specialty;
 - Trainees suggested breaking up the training into phases rather than several weeks straight;
 - Leaving home for several weeks at a time was a hardship for some trainees.

In follow-up to these trainee suggestions and findings about learning style, the CWTI’s Training Advisory Committee is considering changes to the 2007 Training Curriculum that might include:

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- increased availability of computer-based training that trainees can complete in their home districts, to reduce travel and time away from families and allow class-time to be more experiential and discussion-oriented;
 - continued and enhanced use of practical exercises and experiences;
 - enhanced use of real-life participants in the training curriculum;
 - continued development of Advanced Training classes to provide more in-depth information in certain content areas; and
 - inclusion of some separate training modules on trainees' areas of specialty.
- The Division's case record review process uses a tool that measures both strengths and areas needing improvement within its child welfare program. The Division's review process is based upon the federal Child and Family Services Review and includes a random selection and review of cases within each of the Division's geographic areas. The case record review process assists the CWTI in determining the effectiveness of training, and identifying areas requiring additional training. For example, this review process identified the need for clarity regarding case note documentation policy and procedures. A workgroup was subsequently formed to address these issues and improve performance in this area.
 - Field supervisors provide clinical supervision for all cases involved in the Division's child welfare system. This supervision includes assessment of staff's specific training needs. Feedback is provided to the CWTI through such mechanisms as the Continuous Quality Improvement Process and the Training Advisory Committee. Recent discussions at the Training Advisory Committee have included the need for trainees to have greater understanding of their clients, and more advanced training.
 - The CWTI also participates in statewide Program Managers' meetings to discuss issues pertinent to training and solicit feedback from the Program Managers. The feedback includes identification of strengths, gaps and training needs for field staff, and assists to develop partnership in provision of training to new case managers and supervisors. Based on issues raised in these meetings, the CWTI recently completed revision of its Field Training Manual, and has distributed this to CPS supervisors and District Field Training Supervisors. This manual clarifies the roles and responsibilities of CPS Unit Supervisors and Field Trainers, and provides an outline of the basic skills that must be covered during the course of the employee's on-the-job training experience. These meetings have also outlined the need for training to be broken up to include some computer-based modules, so that new employees do not have to leave their families for weeks at a time. This is being planned for 2007.

B. Fiscal Year 2006 Objectives and Accomplishments

The CWTI continually reviews the training curriculum and opportunities, as well as educational programs offered to staff and providers. On an ongoing basis, the CWTI makes improvements in the content, delivery, and extent of initial and ongoing training. These activities are part of an agency-wide effort to improve safety, permanency, and well-being outcomes for children and families. The CWTI supports achievement of every safety, permanency, and well-being outcome and goal listed in Section III of this report.

Arizona's Five Year Child and Family Services Plan (CFSP), submitted June 30, 2005, listed the following training objectives (strategies) for FFY 2006. A description of the State's progress toward achieving each objective is provided.

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Training Objective 1: Provide a more comprehensive approach to training which incorporates techniques for skill acquisition, knowledge of agency policy and procedures, and statewide information systems

1. Evaluate and revise, as necessary, the Case Manager Core Training curriculum.
2. Assess evaluation tools and revise as necessary.
3. Assess the field staff Tucson pilot mentoring program, revise if necessary, and determine desire and / or feasibility of expansion.
4. Provide information concerning child welfare practices/procedures, laws pertaining to child abuse, and misconceptions about the agency to approximately 250 community organizations through the Speakers' Bureau.

In FY 2005 the CWTI revised the initial Case Manager Core curriculum to follow the chronological life of a typical CPS case, allowing trainees to apply theory, policy, procedure, and computer activities to real life situations. The revised Core training content emphasized critical skills that all CPS Specialists must have: family engagement; safety assessment; strengths and risks assessment; interviewing (including forensic interviewing); case planning; permanency planning; working with kinship care; maintenance of significant relationships; utilization of resources; documentation; use of automation; and knowledge of laws and legal procedures. New training content, such as court testimony practice, panel discussion with foster care alumni, and CHILDS exercises and practice, were well-received by trainees.

The CWTI built on the improvements of FY 2005 during FY 2006. Revisions and improvements to the Case Manager Core curriculum in FY 2006 included the following:

- Changes were made to both sequencing and content of the core curriculum. Building upon the changes made in FY 2005, the CWTI staff revised the introductory material in Day 1 of the Core training to include a summary of the Governor's Commission on CPS Reform and to link that reform to the Division's resulting document "*Strengthening Families: A blueprint for realigning Arizona's Child Welfare System.*" The concepts and goals of this document and reform were woven throughout the Core training, embedding family-centered practice as a way of doing business for the agency. Examples of this include enhanced segments of the following: Engagement of families at initial contact; family-centered case planning with an emphasis on the inclusion and engagement of fathers in services; enhanced cultural competence training; provision of services to address the risk of harm and prevent placement of children whenever possible; strengthening families through services and linkages with their communities; a new services referral exercise; and guidance on provision of aftercare for families at case closure.
- Emphasis on Division initiatives has been added to Case Manager Core Training, including Family-to-Family, the PS-MAPP program for training resource families, and an introduction to the use of in-home services to strengthen families and prevent out-of-home placement. The concepts of Family-to-Family and family-centered practice are woven throughout the core training to embed this understanding for new trainees.
- The CSA and SRA are very important tools used by CPS Specialists in their day-to-day work of safety decisions and case-planning with children and families. The CWTI staff revised the presentation of these tools in order to provide trainees with a better grounding in the concepts of

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risk and safety, and ability to translate those concepts into daily use. The Core Training now includes an initial presentation of the conceptual framework of assessing risk and safety, which is then integrated into the training on family assessment and service planning to strengthen families and prevent the risk of harm. The CSA and SRA tools are introduced individually to underscore the distinction between risk and safety. Subsequent training demonstrates the link between CSA and SRA. The trainees then practice using the tools with the instructors. Near the end of the Core training, trainees are given an additional day to practice using these tools with case scenarios, thus providing them with opportunities to translate the tools into the everyday work of assessment, safety planning, and family-centered strengths-based case planning. Initial feedback on this change from both trainees and trainers has been very positive, indicating the trainees have a better understanding of the tools and their appropriate use in child welfare practice. The new Core training also incorporates enhanced discussion of safety and risk factors in methamphetamine-involved families.

- As of Spring 2006 the Core training incorporates improved instruction in documentation, both for case notes and court-report writing. This change corresponds directly with improved instruction on entering documentation into the CHILDS system. The CWTI staff partnered with the Assistant Attorney General to make changes in training on permanency planning and court report-writing. This information is now delivered in a collaborative fashion, with the AG's providing the legal necessities of permanency-planning and court report-writing, and the CWTI staff providing the social work practice aspects of those activities. This allows trainees to better understand the link between the legal requirements of child welfare work, and the day-to-day activities of their work with children and families.
- A "Field Week" has been added in the middle of the Core training. For more information regarding this change, please see subsection A.

To improve the quality and consistency of practice, the revised Case Manager Core training program is consistently provided to all newly hired CPS Specialists on a statewide basis. The State's new employee orientation and case manager core training focus on a consistent set of outcomes with variation in content and format only when needed to accommodate differences in the number of trainees, geography, procedures, and local needs. In 2006 the CWTI worked with District Program Managers to ensure that all new trainees receive their New Employee Orientation to CHILDS *prior* to attending the Core training. This allows additional practice time in the CHILDS system, using case scenarios to replicate day-to-day work in child welfare.

The CWTI gathers and reviews trainee's evaluations on a weekly basis, and makes changes as needed to the curriculum. In addition, the CWTI will begin using results from the ASU research on trainees Self-Assessment of Skills Knowledge, and Abilities, which was implemented in FY 2005, to evaluate the efficacy of the training and consider needed changes. This research tool was designed through a University partnership, to measure trainees' self-assessment of learning. While the results are being analyzed in FY 2007, the tools themselves will also be assessed and changed if necessary. A significant change in FY 2006 was the availability of evaluations on the internet and by e-mail. This made trainees' responses more time-efficient and easy, and made result tabulation by computer possible. Dr. Ann MacEachron of ASU is analyzing those results for the CWTI's use.

In FY 2005, Tucson was selected to participate in a pilot to offer post-core field training experience within the structure of a training unit. This pilot project consists of "coaching" case managers, who mentor new case managers. The "coaches" help the new case managers to transfer their classroom knowledge from Core training to the field, and apply that knowledge to actual cases. This process occurs

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prior to the new CPS Specialist acquiring a caseload of her own. With the expertise of Arizona State University professor Dr. Ann MacEachron, the results of this pilot are being evaluated and compared to the results from the field training currently being used throughout the rest of the State. Although originally slated for evaluation in 2005, the CWTI and ASU decided to review an entire year's worth of data in order to better evaluate outcomes, learning, and retention. The data is currently being evaluated, and the results of the research study will be written during the summer of 2006. It is hoped that the results will provide empirical evidence to the Division and CWTI on how to obtain the best training outcomes, and direction on whether the Division should consider expansion of this pilot.

The Division continues its efforts to provide public education about the agency and child welfare practice to a variety of audiences. The FCRB utilizes the Self-Assessment Training Program in New Board Member Orientation, and annually presents the program to all local review boards. The program is presented as a tool to help board members recognize areas needing improvement and revisit goals that were formerly identified by individual boards. As a follow up to the board Self-Assessment Training Program, the FCRB produced a "protocol and demeanor" video which is currently being used in New Board Member Orientation. The video is also used with existing board members, in conjunction with the Self-Assessment Training.

In FY 2006 the CWTI continued to provide Child Protective Services orientation training to Foster Care Review Boards, the Juvenile Court system, and the Court Appointed Special Advocates (CASA) program. Trainers provided an overview of the CPS system and discussed how the different organizations could assist one other in improving the lives of families. This training typically occurred once a month.

The "Speaker's Bureau" program provided information to over 300 community organizations concerning child welfare practices/procedures, laws pertaining to child abuse, and misconceptions about the agency. Some areas conducted these trainings in conjunction with their County Attorney's Office. These trainings were typically conducted in the evening or weekend according to the needs of the requestor. Evaluations were and continue to be used to measure presentations for quality assurance and recommendations for change.

Training Objective 2: Increase the knowledge and skills of supervisors and field staff related to achievement of safety, permanency and well-being outcomes

1. Review and revise, as necessary, Supervisor Core training.
2. Assess evaluation tools and revise as necessary.
3. Provide further practical training opportunities to supervisors on family-centered practice
4. Provide training and consulting for supervisors in group supervision
5. Provide the Train the Trainer North Carolina Family-Centered Practice Curriculum to selected CPS supervisors.
6. Increase educational opportunities through collaboration with the University/College Partnership
7. Provide specialized training opportunities to various audiences including the FCRB, CASAs, Assistant Attorney Generals, and the community (Speaker's Bureau).

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8. Further explore the feasibility of offering the Family Development Credential program through Mesa Community College and implement of appropriate.

During FY 2006 CWTI staff partnered with ASU staff to review the Supervisor Core and conduct a needs assessment for CPS supervisors. Results of the needs assessment indicated a desire for more hands-on instruction in the CPS supervisor's day-to-day responsibilities and challenges, such as protocols for handling personnel issues, case reviews, clinical supervision, and working with new employees. The CWTI also coordinated with the Department of Economic Security's Office of Management and Development (OMD) and the Department of Administration's Arizona Government University, to evaluate which of their courses should be part of the Supervisor Core. The new Supervisor Core for FY 2007 will incorporate a sequence of AzGU courses aimed at all supervisors and focusing on leadership, ethical issues, employee support and retention, managing personnel issues, etc. This eliminates redundancy, and allows the remainder of the CPS Supervisor Core to focus on issues that are specific to the day-to-day activities of these supervisors, as outlined in the needs assessment. CWTI staff have already created coursework in clinical supervision for the new Core. Finalization of this Core will be one of the Division's Training Objectives for FY 2007.

The Division continues to use available resources to embed family-centered philosophy and practices in CPS supervision. For a full description of these activities, including Critical Decision Making Seminars, the supervisor's family-centered practice conference calls and roundtables, the *Supervisor's Guide to Implementing Family-Centered Practice*, and the ongoing Supervision Circles, see Section III, Part 3, Well-Being Objective 1.

Given the many activities in FY 2006 to improve supervision and supervisory training, and the expert consultation available through partnership with the child welfare National Resource Centers and Arizona's Universities, the Department decided not to pursue training on North Carolina's Family-Centered Practice Curriculum in FY 2006. The Division also determined it was not feasible to offer the Family Development Credential program through Mesa Community College. The Division did continue to support the educational advancement of employees through tuition reimbursement and stipend programs in FY 2006, and participated in partnerships with the State's Universities and Colleges. For more information, see Training Objective 4, below.

Training Objective 3: Enhance the ability of current or prospective foster parents, adoptive parents, and staff members of licensed child care institutions to provide support and assistance to meet the needs of foster and adopted children

1. Further expand implementation and provision of PS-MAPP training
2. Evaluate the effectiveness of PS-MAPP training

In FY 2005 Arizona purchased the Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (PS-MAPP) training curriculum for foster and adoptive parents. The concepts of "shared parenting," family-centered practice, and family-to-family are incorporated into this nationally recognized training curriculum. The target date for all new resource parents to receive PS-MAPP training as their preparation program remains July 2006. The target date for currently licensed foster parents who have not completed the full PS-MAPP program is July 2007. PS-MAPP and Mini PS-MAPP training sessions are available in Spanish. During FY 2006 the PS-MAPP program accomplished the following:

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- As of June 30, 2006 the Division has certified 306 individuals from 35 provider agencies as PS-MAPP Leaders. This program prepares the trainees to lead the thirty hour preparation and selection program for new resource families. Agencies include the Department's CPS, DDD, and OLCR; ACYF contracted provider agencies; Division of Developmental Disabilities contracted agencies; Regional Behavioral Health therapeutic foster care provider agencies; and foster and adoptive parents sponsored by provider agencies to be PS MAPP Leaders. Leader sessions will continue to occur either every other month or quarterly as needed.
- The Division trained 101 individuals as Mini PS-MAPP Certified Leaders. The AZAFAP intends to offer Mini PS-MAPP sessions independent of the licensing agencies and Department to foster parents.
- The six hour Mini PS-MAPP overview was provided to approximately 1,500 licensed foster and adoptive parents and DES child welfare staff. Foster Care Review Board members and Court personnel will participate in these sessions beginning in August 2006.
- Case Manager Core Training was revised to include an overview of the concepts of the PS-MAPP program and its relevancy to child welfare practice.

As the PS-MAPP training continues to integrate within the Division's practice, it will be evaluated for its effectiveness and its impact on Division in terms of safety, well-being, and permanency for children.

Training Objective 4: Enhance the skills and knowledge base for current case managers, enhance management skills, and assist staff in obtaining advanced educational degrees in the field of social work

1. Assess the need for developing new advanced and specialized trainings based upon the identified need of staff, and implement these trainings.
1. Implement a plan to require specific advanced training modules for staff based upon the employee's position and years of service.
2. Assist staff in obtaining advanced educational degrees in the field of social work, and recruit new, well-qualified staff through the offering of educational incentives.

In the current FY, advanced trainings were offered to supervisors and field staff. Topics included methamphetamines, managing conflict, gangs, working with chemically dependent families, and Independent Living/Arizona's Young Adult Program. Advanced forensic interviewing trainings, advanced critical decision making seminars, and child welfare conferences have increased the skills and knowledge of Division employees. These classes were all designed to build on the existing knowledge of the employee and enhance professional development.

Protocols were developed in accordance with State law. All CPS Specialists were required to receive training on the legal rights of children and parents from the time of the initial contact through case closure, and the requirements for legal search and seizure by Law Enforcement Officers. The CWTI and Childhelp USA provided the initial eight hour class on forensic interviewing, which was also added to Case Manager Core training in January 2005. Specified CPS Specialists, depending on job function, are provided a forty hour course on increased skills and techniques on conducting forensic interviews.

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The Division is finalizing its advanced training policy which will require all CPS professional staff to receive 24 hours of advanced training annually after their first year of employment. The employee's position and years of service will decide which advanced training classes are required. Topics will include:

- the Indian Child Welfare Act
- working with adolescents in care
- mental health
- permanency planning for adolescents
- trauma and mental health disorders
- adoptions
- client engagement
- documentation
- visitation
- stress, burnout, and secondary trauma

Advanced education/training hours may also be available for job-related trainings or courses offered by individual districts, Arizona Government University (AzGU), other college or university courses, and approved self-study education such as DVD's, videos, or online/computer-based materials.

Other continuing education opportunities include these annual conferences:

- Division Supervisor and Management Forum/Leadership Conference
- Summer Institute, sponsored by the Division of Behavioral Health Services
- Children Need Homes Conference, sponsored by the Arizona Foster Care and Adoption Coalition
- Child Abuse Prevention Conference, sponsored by Prevent Child Abuse of Arizona
- Cultural Diversity Conference, sponsored by the Department
- Inter-tribal Indian Child Welfare Conference, sponsored by the Inter Tribal Council of Arizona, Inc.
- Family Centered Practice Conference, sponsored by Prevent Child Abuse of Arizona

In FY 2006, the Division continued to support the educational advancement of employees through tuition reimbursement and stipend programs. The University/College Partnership continues to meet quarterly in FY 2006. The Partnership includes professors from Arizona State University, Arizona State University West, and Northern Arizona University, the Dean from the ASU School of Social Work, and the Division's training and administrative staff. The purpose of the partnership is to increase MSW educational opportunities for staff, enhance Case Manager and Supervisor Core training programs, and develop effective tools for outcome measurement. The University will also assist the CWTI with exploring alternative methods of delivering training, including video-conferencing and computer-based training segments.

Recruitment and Educational opportunities included the following:

- In May 2006 twenty Division staff were accepted for the Fall 2006 MSW program. Upon graduation in May 2008, applicants will begin their employment with CPS.
- Ten staff graduated from the Advanced MSW ASU-West Program this FY and returned to work in May 2006.

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- The Division, in partnership with ASU-Main, implemented a pilot Part-Time Community Based MSW program that encouraged a diverse group of students from metropolitan inner city area agencies, along with Division staff, to participate. This is a part-time study and field instruction program that permits students to achieve their MSW's in three years. Thirteen Division staff participate in this program. Two staff graduated in May 2006 with their MSW and eleven staff will graduate in August 2006.
- During FY 2006 twenty-seven students graduated from the MSW stipend program and have been hired by CPS.

Additional Accomplishments in FY 2006

In addition to the above Objectives, the Division has accomplished the following significant initiatives in the provision of training to CPS staff and stakeholders. These additional accomplishments represent the Division's ongoing commitment to evaluating its knowledge, practice, and training, surrounding safety, well-being, and permanency for Arizona's children.

- *Refresher trainings in the CHILDS case management system* -- In response to the need for CPS staff to be updated on significant changes to the CHILDS system, and to provide support to CPS case managers and supervisors in the field, the CWTI instituted regularly scheduled Refresher trainings in CHILDS. Refresher trainings are also available to field staff as needed. Initial response to these trainings has been excellent, and it is believed that these trainings will help decrease errors and improve documentation. The refreshers are currently provided in Maricopa County, and will be rolled out state-wide in FY 2007.
- *Refresher trainings in the Child Safety Assessment (CSA) and Strengths and Risk Assessment (SRA) tools* – In response to the need for CPS staff to have a clearer understanding and improved utilization of these important tools, the CWTI instituted refresher trainings in the CSA and SRA. These are provided on an as-needed basis in Maricopa County, and will be rolled out state-wide in FY 2007. Initial response to these trainings has been excellent, and it is believed that they will lead to improved assessment of child safety, improved safety-planning, and improved case-planning with families.
- *Training to partners and stakeholders* – In FY 2006 the Division provided training to partners and stakeholders, including the Native American tribes, County Juvenile Probation Offices, and contracted community providers. In response to contractual requirements and requests from various community partners and stakeholders, the CWTI provided individual and group training in case management and the CHILDS computer system to 275 people state-wide during FY 2006, as of May 31, 2006.
- *Further expansion of the Division's capacity to train newly hired staff* – CWTI training sites were established in the southern part of the state in FY 2005, and in the northern part of the state in FY 2006. The additional sites allow the CWTI to serve a larger number of staff in more geographical locations.
- *Statewide training for the In-Home Services Unit* -- CPS case managers in these units coordinate with contracted provider agencies to provide families with an intensive array of in-home services and supports. This effort is expected to reduce out-of-home placements for children. A key facet

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of this training is family engagement and involvement in services. Five two-day trainings were held over three months throughout the State, delivering training to 225 participants.

- *Methamphetamine Training* – In response to the growth of methamphetamine-involved families served by Arizona CPS, the Division established a Methamphetamine Task Force in FY 2006. The Task Force sponsors a methamphetamine training for CPS staff and community agencies (public and private). From March 2006 to June 2006 there were nineteen methamphetamine trainings with 790 professionals attending. There are six more trainings scheduled in FY 2007.
- *Advanced training in Infant and Toddler Mental Health* – This training was made available to CPS staff in FY 2006.

C. Objectives and Activities for 2007

In FY 2007 the Division and the Child Welfare Training Institute will continue to provide comprehensive and applicable training to CPS Specialists and CPS Supervisors that incorporates techniques for skill acquisition, knowledge of agency policy and procedures, and statewide information systems. The Division will also maintain the training improvements that were accomplished in FY 2006. The Division and CWTI will continue to emphasize in training the Division's priorities such as family-centered practice, engagement of fathers, comprehensive and reliable safety and risk assessment, and provision of in-home services to safely maintain children at home. The CWTI will continue to provide in-depth training on the *Child Safety Assessment* and the *Strengths and Risk Assessment Tool*, practical training opportunities to both CPS Specialists and Supervisors to embed family-centered practice and the Family to Family model into the child welfare system, and instruction on high quality case documentation. The Division will also continue to provide information about CPS to audiences such as the FCRB and community organizations, and will continue to provide advanced educational opportunities to staff through collaboration with the University/College Partnership and specialized trainings.

In addition, the Division and CWTI will pursue the following objective and activities for program improvement in FY 2007. This Objective is included in the Division's full list of Objectives and Activities for 2007, found in Section III, Part 5.

Objective 21: Institutionalize a system to obtain and review information about the efficacy of the Division's training programs in achieving Division outcomes and goals, and improve the accessibility and content of training as indicated

1. Develop and institutionalize a CWTI Training Advisory Committee to provide input into training needs and strengths.
2. Review the results of weekly Case Manager Core Training Evaluations and the ASU research on trainees' Self-Assessment of Skills Knowledge, and Abilities; and improve Case Manager Core Training as indicated by these evaluations.
3. Assess Tucson's CPS Specialist Mentoring Unit pilot, revise as necessary, and determine if expansion is warranted and feasible.
4. Finalize revisions and implement new Supervisor Core Training.

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5. Provide instruction and assistance to all CPS Supervisors in the training and support of newly hired CPS Specialists.
6. Identify and make available alternative modes of training delivery to make training more readily accessible to participants statewide.
7. Finalize revision of the Field Training Manual and provide accompanying instruction to all those who train new employees, including Field Training Supervisors, and CPS Unit Supervisors.
8. Develop Division policy about child welfare training requirements, and communicate this policy to all CPS staff.
9. Provide Train-the-Trainer Certification for all CWTI staff.

Training and Technical Assistance

The Division is able at this time to anticipate the following Training and Technical Assistance needs for SFY 2007:

- *Assessment and Case Plan Improvement Project* – The Division is continuing to work with the National Resource Center (NRC) for Child Protective Services and the NRC for Family-Centered Practice and Permanency Planning to improve implementation of the *Child Safety Assessment* and the *Family-Centered Strengths and Risk Assessment Tool*; and to improve the case planning process so that case plans are clearly based upon the assessed strengths and needs of the individual family and are more clear and readable for families. The Division anticipates it will use ten days from the NRCCPS and ten days from the NRCFCPPP for this project.
- *Reproductive Health Training* – The Division is planning to develop and deliver statewide reproductive health training, with an emphasis on positive youth development. The goal of this project is to reduce the rate of first and subsequent pregnancies for youth in systems of care. The Division may request the NRC for Youth Development to identify health education curricula that are based on positive youth development components; and/or take a best/promising practice curricula and train trainers, which may include foster care alumni, to deliver this curricula to youth in systems of care statewide. The Division anticipates it will request five days of technical assistance from the NRC for Youth Development for this project.
- *Permanent Family Connections for Older Youth* – The Division is planning to develop a comprehensive plan for increasing the number of older youth in care who attain permanency through permanent family connections. The Division anticipates it will request five days of technical assistance from the NRC for Youth Development for this project. The Division would like assistance to develop strategies that will aid older youth in care to build permanent family/kin connections, and to identify a method to track established CFCIP outcomes long term, including methods to contact former foster youth up to age thirty to assess outcomes after they leave care.

Section VI

Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan

Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program

The following information is submitted to serve as a report on FY 2006 accomplishments and planned activities for FY 2007. This report provides information as outlined in Program Instructions ACYF-CB-PI-06-03, dated May 16, 2006. Such information includes the following: progress achieved, planned activities to meet the purposes of the CFCIP, and planned changes in service for the next year for the CFCIP and ETV programs.

As Arizona has not elected to establish trust funds, there is no information included as to section 477(b)(2)(A).

Under section 477(b)(3)(B), the state in FY 2004 and 2005 utilized 30 percent of funds available for the costs associated with room and board, specifically: rent and utilities (and deposits), food, clothing, personal care, furniture, household cleaning and maintenance items and other basic household goods. The state plans to use up to 30 percent of funds available for these same costs in 2006 and 2007. Actual expenditures of Chafee Allocated Funds for FY 2004 total \$ 1,606,959, and for FY 2005 (as of 04-30-06) total \$ 1,980, 825.

A. Description of Program Purposes and Activities

Transition to Self-Sufficiency: Overview of Services

Department policy states that all youth in out of home care who are age 16 and older shall have an independent living plan that supports their individual transition to adulthood, including the development of daily living skills; and complements other services being provided towards attainment of the assigned permanency goal. Department policy requires provision of services and opportunities to support all young people to make sound life decisions and develop a sense of competence, usefulness, belonging and empowerment. Case managers facilitate the participation of the youth in the case planning process and assist the youth to identify both personal goals and the services needed to achieve these goals. All possible resources to fill the services needs are identified to ensure diversity in service provision. The program of services, support, assistance and activities available to effect each youth's individual transition to self-sufficiency is referred to as the "Arizona Young Adult Program" (AYAP).

As part of the case planning process, each District provides for a skills assessment to evaluate a youth's self-sufficiency skills. These assessments are available to youth ages 16 and older, and are completed by a contracted life skills trainer. These assessments help to individualize case plans according to a youth's specific needs, objectives and tasks. The results of the skills assessment are incorporated into the youth's individual independent living case plan as required by State policy for all youth in out-of-home care, age 16 and older.

Once a case plan identifies areas of need the case manager accesses services that most closely address the need. One such service available to case managers for youth is formal life skills training. According to the case plan, life skills training is delivered through any number of methods, including game simulations, sharing of life experiences, role-playing, video tape playbacks, professionally developed visual aids, field trips, peer feedback and exercises in individual and group decision-making. Pre-tests and post-tests are administered to the youth to determine the effectiveness of the training. In rural Districts, training is often provided one-on-one or in small group settings. In all Districts, training is

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individually tailored for youth with special educational, behavioral, or other needs. Trainers assess the readiness levels of youth for life skills training. The trainers incorporate into their assessment any developmental, emotional, or learning deprivation conditions experienced by the youth. Trainers are becoming more effective at reaching young people with low reading levels and/or more cognitive deficits by modifying their presentation methods and learning materials accordingly.

In addition to the formal life skills training, case managers also utilize the services of other Department Divisions, community organizations, rehabilitation organizations, youth job development programs, colleges and universities, Educational Opportunities Centers and local businesses. These services help to expand youths' experience and knowledge regarding their community. Many outside agencies offer contracted services such as employment readiness training, job shadowing, volunteer services, education planning and support, counseling, and community mentor programs. The state program continues to support an annual youth conference, which is developed in partnership with program youth and various service providers and/or community advocates.

The Division has worked to improve the ability of group home facilities to prepare youth for adulthood. In the Spring of 2006, the Department formed a workgroup of staff and local service providers to identify and resolve barriers that group home facilities faced in preparing older youth to transition from foster care to adulthood. The resolution involved submittal and approval of an emergency rule-making package, which modified existing requirements in the state group home licensing rules on 24 hour supervision and access to items such as cleaning supplies and cooking utensils. These modifications were supported by all involved parties and provide the flexibility that programs need in order to build youths' skill while ensuring their safety. Additionally, youth have participated in various provider trainings, conferences, and public forums for the purpose of educating staff, contract providers, advocates and the general public on the needs of older youth in care.

In some Districts, youth are referred to contracted services at age 15 or younger, depending on the availability of the service. In all Districts, out-of-home care providers are encouraged to teach basic life skills as part of every child's normal daily routine. The Department continues with efforts to resolve barriers (regulatory, licensing, systemic, etc.) related to care providers so that youth may enhance life skills in the home. In all Districts, youth are provided with transportation and cash incentive awards, made available through grants. The state CFCIP program will maintain specialized case management in at least the two most heavily populated areas of the state (Maricopa and Pima Counties), where older youth identified as "likely" to age out of care reside. These specialized "Young Adult Program" (YAP) case managers serve only those older youth in out-of-home care who are likely to remain in out-of-home care until at least age 18. In 2006, 1382 youth statewide participated in the YAP.

The AYAP recognizes the importance of providing support to youth in all areas of their development, including the development of their sexual orientation and gender identity. The AYAP has been developing policy and guidelines for staff to address the gaps in knowledge and experience specific to these issues. The AYAP plans to use this policy and subsequent training to enhance case manager and caregiver preparedness to assist youth understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services.

The AYAP also identified gaps in knowledge and experience with regard to issues of immigration and naturalization. Many immigrant youth were brought into Arizona as young children, without the benefit of legal entry. These children have no ties to their country of origin and often do not speak their native language. These children must maneuver the often complicated and cumbersome process of becoming a legal resident, or potentially face deportation. In an effort to increase and enhance case manager preparedness to assist undocumented youth apply for legal residency, policy is being drafted that will

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provide information and guidelines specific to the issues facing undocumented youth. This policy is being drafted with the assistance of legal and local immigration experts. Training and technical assistance will be subsequently provided. Other identified gaps include the lack of affordable housing and reliable transportation for young adults who have transitioned from foster care into their communities, particularly in those areas which are located outside the metropolitan cities.

Estimated Cost for FY 2007 is \$885,000

Education, Training, and Services Necessary to Obtain Employment

Department case managers recognize the need to provide youth with skills to enhance their employment skills. Case managers and contracted providers assist youth to develop job readiness skills such as resume writing, interviewing, body language, proper attire and job maintenance. Youth are linked with opportunities for job shadowing and volunteering, as well as federal School-To-Work and Workforce Development programs. Youth are additionally referred for Vocational Rehabilitation (VR) Services (as needed) with VR counselors available on site at the two AYAP case management offices to provide services directly to youth in care. Statistics on the number of program youth participating in VR services is not currently gathered as youth may enter these services through avenues outside the department, such as local high schools. The program will develop a method for districts to report this information in coming years.

Youth are given the opportunity to attend the Annual Arizona Statewide Youth Conference, which shares resources and other employment related information with youth. In August 2005, the conference provided information to both youth and staff on the full continuum of employment services available and the preparation necessary to support youth in care, through a workshop entitled “Post-Secondary options and Success in Higher Education” and an activity entitled “Independence City”. FosterClub, Inc., from Portland, Oregon and their team of All-Stars (foster care alumni from around the nation) participated in the 2005 Conference, facilitating both workshops and general session activities. The 2006 conference will focus on court improvement and youth advocacy. Community partners have arranged for the California Youth Connections Program to deliver this training. Approximately 100 youth participate in this conference each year.

Estimated Cost for FY 2007 is \$611,000.

Prepare Youth For and Enter Post-Secondary Training and Educational Institutions

Department case managers recognize the importance of education in the life of a youth in care. Case managers ensure youths receive assistance for any educational needs identified in the school or case plan. Case managers, caregivers and contracted providers work together to ensure youth receive any needed educational services, such as tutoring. They also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, case managers ensure a surrogate parent is assigned to a youth to address special educational needs.

Case managers participated in a workshop on readying youth for higher education during their annual training conference in November, 2005. This workshop provided training on assessing the academic preparedness of college bound students, including how to determine if a youth has completed or is enrolled in the high school core classes needed to be eligible for admission to a state university. An additional workshop was provided by Casey Family Programs staff to address the employment continuum. Staff were provided and guided through a review of the Casey Family Programs It's My Life: Employment: A Guide for Transition Services.

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Case managers and contract providers present youth with all available options for completion of their secondary school program, which sometimes results in enrollment in an alternative school. Oftentimes youth have lost school credits due to placement disruptions and require a more flexible school environment, which complements their living situation and educational needs. Case managers and contracted providers also help youth to research and complete applications for scholarships and other financial aid. Youth are supported to talk with school career counselors to complete career/interest inventories, discuss their career and educational options, and to look into various vocational support and programs, such as Vocational Rehabilitation and Job Corp. Youth are supported in post-secondary education and training programs with financial assistance through vouchers or other mechanisms.

The three state universities offer a variety of opportunities to help prepare youths for success in higher education through summer preparatory sessions, on-campus mentoring and academic support as well as financial assistance through privately (or other) funded scholarship and grant programs. Each of the state universities has identified a staff person in their admissions office who is knowledgeable about the services and supports available on and off campus to youth in care and former foster youth. Admissions staffs are in contact with local Independent Living Coordinators and contract providers to further engage program youth into the various opportunities available through their respective institutions. During SFY 2006, 30 youth attended state universities.

The local community colleges are also in contact with local program staff to ensure program youth are aware of all the support and assistance available on and off campus. The financial aid officers within the state's university and community college systems have made a commitment to ensure every foster youth or an alumnus who wishes to enroll in their school will be assisted to identify and take advantage of every possible opportunity that will help support their success. During SFY 2006, 124 youth attended community colleges.

Estimated Cost for FY 2007 is \$986,000 (Includes ETV estimated Costs \$800,000).

Mentors and Interactions with Dedicated Adults

The Governor's CPS Reform placed emphasis on mentoring for youth transitioning out of care by issuing an edict directing the Department to create a mentoring program. The state turned to its youth to determine how best to go about building this valuable resource. Youth overwhelmingly responded that the most pressing need was for peer mentors. Existing programs in Maricopa, Pima, Pinal and Gila County have become models for other areas of the state.

In Districts one and two, youth who in the Young Adult Program are referred to a variety of community mentor programs, such as the district volunteer and contracted services programs, Big Brothers/Big Sisters, corporate/business mentor programs and other community based mentor programs. Throughout the state, case managers help youth identify and build supportive relationships with mentors, family members, friends and other federal and State programs serving youth. Existing community mentor programs such as Phoenix Youth at Risk, Florence Crittenton "STARS" program and university mentoring programs (specifically at Northern Arizona University and University of Arizona) have been contacted and are working with the state to enroll youth in these programs. The universities have also agreed to work with the state to develop on-campus mentoring opportunities for current and former foster youth who are enrolled at the university. There is great interest and support of this initiative within Arizona's communities.

One agency that offers successful mentoring programs is the Foster Angels of Arizona Serving Together, Inc. (FAAST). FAAST is a private, non-profit organization that provides a variety of support to youth in

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care in Maricopa County. This organization was born out of a group of foster parents who continued to see children and young adults in care who had unmet needs. FFAST recently developed two mentoring programs: one combines tutoring with mentoring, and the other matches youth who are aging out of care with adults who commit to assist the youth through the transition, particularly with regards to workforce related issues.

FAAST did initiate a peer mentoring program for teens in Maricopa County, bringing staff and youth mentors into group homes. FFAST reports the project is currently under a process of redesign due to inconsistencies in participation and difficulty coordinating with group homes. FFAST is exploring a partnership with Casey Family Programs and the Institute of Cultural Affairs to host peer mentoring groups at several sites throughout the valley.

FAAST continues to run their FFAST Track Tutor/Mentor Program and recently launched a Career Mentoring program. FFAST noted the following in a recent report:

“As of April 15, 2006, we have recruited and provided orientation and basic training for a total of 102 prospective volunteer tutor / mentors during FY 2005-06. Of those, 94 have been successfully matched with a foster child. Matched tutor / mentors have participated in two in-service training programs. Out of 94 matched youth with a tutor / mentor, the following outcomes have been achieved:

Objectives:	Outcomes:
90% of participating children will stay in school 70% will show academic improvement as indicated by improved grades and/or improvement in standardized test scores; 40% of graduating seniors in the program will pursue post secondary education ; 80% of all participating children will demonstrate progress in at least 2 of the following areas - improvement in school-related behavior , increased self confidence , development of personal talents and interests, avoidance of tobacco, alcohol, and illegal drugs At least 67% of the tutor/ mentors will remain with their assigned child for at least one year.	95% (89 out of 94) have remained in school 95% (89 out of 94) are showing academic improvement 1 student has completed high school and is pursuing post secondary education to become a medical assistant 94% (88 out of 94) of the children are showing improvements in at least 2 areas, there has been no documented incidence of drug or alcohol use and 1 referral to juvenile detention. To date, 3 out of 94 matched tutors has resigned prior to completing their year, yielding a retention rate of 96.8%

The most significant problem we faced this year was recruiting volunteer mentors from the west side of the Valley. We were able to overcome that barrier largely through a partnership with a faculty committee at A.S.U. West, headed by Dr. Shari Collins-Chobanian, which has actively helped to recruit volunteers from students and other faculty members, provided space on campus for volunteer orientation and training, and organized an ongoing “Foster Youth Support Club.”

One Americorps Vista volunteer was added to our staff for 2005 -06, through funding provided

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by the National Service Corps. This person has provided technical assistance in the project, including refining pre and post assessments and other evaluation tools, developing a database to assist in tracking mentors and students, and helping with volunteer recruitment and management. We have tentative approval from the National Service Corps to add a second Americorps Vista position for FY 2006-07. That position will assist with grant applications and seeking other funding for the program, as well as being responsible for developing a new component of the program designed specifically to meet the needs of urban Native American youth in foster care. We will partner with the Native American Education program in Mesa Unified School District, the Native American Fatherhood and Families program, and A.S.U. Native American Studies programs in this effort.”

Support and Services to Former Foster Care Recipients Ages 18 through 20

Foster care services are often necessary beyond the age of majority. Youth ages 18 through 20 who reached age 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their 18th birthday) to remain in foster care and participate in services may do so until their 21st birthday. Youth must maintain satisfactory compliance with their individual case plan in order to receive this continued support.
2. Youth who choose to end program involvement after attaining age 18 and later wish to reapply for support and services are able to do so through the Transitional Independent Living Program [Sections 477(a)(5) and 477(b)(3)].
3. Former Foster Youth under age 21 who left care at age 18 or older, and who need long-term case management and other services, now have the option of returning to the state agency for these services, which includes financial assistance with housing related costs. This policy became effective in May, 2006.

On a statewide basis, direct financial assistance is available to eligible former foster youth via community based Transitional Independent Living Program providers. These programs are funded through state and federal resources and include assistance for finance, housing, counseling, employment, and education. Youth are also referred to existing community programs designed to assist transitioning youth.

Contracted services play a significant role in the foster care program for youth ages 18 through 20. The scope and development of contracted services have undergone review and redesign with the tremendous input from program youth and community stakeholders. Contracted providers work closely with Department case managers, holding a transition staffing for youth who plan to move from Department supervised case management to an aftercare program. These providers have reported that the process has been a great benefit to all involved and has ensured the youth are able to maintain safe living arrangements while receiving continuous support toward their life goals.

Medical coverage remains as an additional area of support for youth in Arizona. Under Subtitle C, Section 121 of P.L. 106-169, Arizona continues to provide health care coverage to eligible young adults, ages 18-20. The coverage transitions with the young adults from foster care through the Young Adult Transitional Insurance (YATI) program. The coverage falls under the Arizona Health Care Cost Containment System (AHCCCS), which is the state Medicaid program. Arizona maintains an expedited process for enrolling eligible youth in YATI. Medical coverage assistance also exists for youth who attend school out of state. Chafee funds are available to support students who remain residents of

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Arizona but attend school out-of-state to purchase short-term basic health plans through the universities they attend.

On an ongoing basis, collaborative work continues among the different Divisions within the Department of Economic Security to streamline any referral processes for participating youth. Throughout the Department and with community organizations, there exists an emphasis on collaboration and creativity to ultimately find solutions for these youth. The Department has additionally re-emphasized the rights of children in care to file a formal complaint/grievance if they are unable to resolve concerns at a lower level. The Independent Living Rules Package contains a similar provision for complaints/grievances. This rule package is anticipated to be submitted for legislative approval by the end of 2006.

Estimated Costs for FY 2007 is 176,000 (Amount reflects estimated costs for the program of aftercare services only.)

Education and Training Vouchers (ETV)

Education Training Voucher (ETV) Area Coordinators in each District assist the state Independent Living Coordinator in the review and approval of all ETVs. Interest in and knowledge of the voucher program from former foster youth continues to grow with each passing year. Foster parents, CASAs, contracted providers, university admissions officers and other staff and individuals in the community who have ties to current and former foster youth have been essential partners in promoting this program. The ETV Area Coordinators participate in an annual meeting to review the program and provide input on refining and strengthening the program.

The State Independent Living Specialist continues to work with numerous individuals and agencies to identify supports (financial, academic, social, and other) that are available to current or former foster youth. Some of these partners include Department staff, community child welfare professionals (i.e. Casey Family Program staff and Tribal foster care staff), community foundations, financial aid officers and student support staff within the state university and community college systems. The State Independent Living Specialist provides information and/or training to case managers, contracted community agency staff, foster parents, and other involved adults and community professionals to ensure awareness of this program. Program youth continue to provide input and recommendations to the State Independent Living Specialist to help refine and enhance Arizona's ETV Program. Youth continue to be a driving force in facilitating ongoing improvements to this program. It is anticipated that the development of a state website/webpage for youth in care will sponsor a section that provides for online submittal of the state ETV application.

The ETV Program continues to expand as eligible youth become aware this resource. During FY 2004, 165 students received a voucher, with 24 being returning students and 141 new students. The FY 2005 allocation provided vouchers for 166 students, 81 to returning students and 84 to new students. As of April 30, 2006, 108 students had received vouchers for FY 2006, 50 of which were new recipients. The states ETV Coordinators receive ETV applications from renewal students and first time applicants on an ongoing basis. It is anticipated that 170 students will be served by the end of the current fiscal year. It is anticipated that 49% of the FY 2007 vouchers will be awarded to returning students and 51% awarded to new students. The actual expenditures of ETV allocated funds for FY 2004 totaled \$524,273. As of April 30, 2006 the FY 2005 expenditures totaled \$335,367.

Case Manager/Provider Training

Current and former foster youth, including members of the state Youth Advisory Board, have been

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instrumental in assisting with the development and coordination of training provided to CPS case managers, caregivers (including contracted group home staff) and foster and adoptive parents. Training participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood. During the last year, current and former foster youth participated in the following training related activities:

- Participated in Youth Development training with case managers, probation and parole officers and others;
- Participated in various provider agency training for foster and adoptive parents;
- Initiated development of advanced training program (The advanced training program targeted to begin in October, 2005 was delayed and will be revitalized during 2006);
- Participated in the Child Welfare Training Institute's (CWTI) new case manager training through youth panels and other training activities;
- Participated in planning activities and as peer mentors during the 2005 Youth Conference; and
- Collaborated with the state CFCIP by acting as co-facilitators in the delivery of annual training to case managers and contract staff serving the Arizona Young Adult Program.

The training that involved youth was funded through Title IV-E or Chafee, depending upon the appropriateness of the curriculum. Financial and other incentives were provided to support youth in these activities.

Plans for the coming year include continued integration of youth into the CWTI training (case manager core and supervisor training), and continued participation by youth in the development and implementation of the advanced training curriculum and program training for staff. The curriculum will be offered to group care staff, foster and adoptive parents and agency staff (administrators as well as case managers). Current and former foster youth will also continue to participate in the annual AYAP staff training. Additionally, the new contracts for the independent living/life skills training and transitional living/aftercare services include a requirement that the contractor integrate current and former foster youth participation into the design and delivery of staff training.

Training also continues to members of the CASA (Court Appointed Special Advocates) and FCRB (Foster Care Review Board) organizations through the state Independent Living Specialist. This training is provided to inform participants of the state program of services and supports for youth transitioning out of foster care to adulthood as well as to address those issues faced by our youth in care during this transition.

Consultation and Coordination with Indian Tribes

The Inter Tribal Council of Arizona (ITCA) and the state ICWA Policy Specialist actively support efforts to better coordinate program activities with tribal communities. Additionally, the National Resource Center for Youth Development has provided states with a training curriculum that was presented to the ITCA staff for potential inclusion in their annual conference. The state IL Coordinator and contract providers continue to be available to tribes to assist in the development of tribal specific education and training programs for youth and caregivers.

Tribal social service staffs continue to assist Department contract provider agencies by providing verification of former foster care status of young adults 18-20 who request services. Provider agencies have reported successful outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'Odham, Tohono O'Odham Xavier and Pascua Yaqui. Services funded by

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the state CFCIP (including the ETV Program) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth in tribal programs may be referred through their tribal case manager and young adults formerly in a tribal foster care program may self-refer for services. Youth and young adults may submit their ETV application directly to the State IL Coordinator.

State contracts for Independent Living and Transitional Independent Living were rewritten last year to emphasize required outreach and collaboration with local tribes to ensure that training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration, and engagement of Tribal youth in services. In December, 2005 two of the contract providers joined the state IL Coordinator in delivering a workshop at the ITCA annual conference. This workshop was tailored to the specific needs of tribes addressing the general topic of “Preparing Youth for Adult Living”. The workshop addressed such questions as:

- Why do we focus efforts to prepare children for adult living?
- When do we begin preparing our own children for adult living?
- What skills are needed to live as a responsible adult in your community?
- What support and resources are available for adults in your community?
- What are the special needs of youth in foster care versus other youth in the community?
- What services/support are available within your community to assist youth in care become responsible contributing adults in your community?
- What services/support are available from outside of your community?
- How do I begin to build a local program to help prepare youth for adult living?

Local, state and federal resources were also reviewed, with participants encouraged to identify and consider “adult living” from a cultural perspective and how tribal resources and supports might become the foundation for individualized tribal programs.

Community agencies continue to consult with tribal child welfare staff to assure services meet the needs of tribal youth. Florence Crittenton, Inc., which serves tribes located in the Maricopa County area, continues work with tribal social service staff to develop a classroom-style curriculum based on topics tribal youth have prioritized. Tribal youth may be served on or off their Reservations.

The Department plans to continue to provide technical assistance and training to help staff build skills and strategies for engaging Tribal youth more fully in services and to continue outreach efforts to Tribes and tribal youth through presentations and providing up to date information to tribal leaders and tribal programs for youth and young adults (i.e. Tribal WIA programs). Ongoing input from tribes will be sought through the Inter Tribal Council of Arizona (ITCA) who is contracted by the Department to provide training to member tribes, and through the Department Tribal Liaison staff.

Involvement of Youth in State Agency Efforts

Both current and former foster youth are invited to participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Arizona’s Governor, her staff and the ADES Director and staff also participate in the board meetings, providing youth with ongoing opportunities to voice concerns, problem solve and get involved in new or ongoing initiatives, such as the Director’s Breakthrough Series Collaborative. Through the state YAB, youth are currently working with the state Office of Licensing, Certification and Regulation to participate in site monitoring of group home facilities. They have developed a plan that will also support their involvement in a number of activities

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related to the licensing and monitoring of group care facilities, including Corrective Action Plan reviews, yearly renewal activities, unannounced site visits, and review of facility policy/procedures on visitation, allowances, discipline, youth employment and other teen issues.

Youth in care participated in the first round of the CFSR reviews through interviews with reviewers, and it is anticipated they will do so again. Youth are also developing a website focused on providing information and support amongst current and former foster youth. This site will sponsor a survey youth in care and alumni designed to gauge the effectiveness of program services. Arizona has also recently been accepted by the Foster Care Alumni of America as one its Chapter organizations. Two of Arizona's alumni are spearheading this effort. These alumni are currently employed by the In My Shoes Peer Mentoring Project and the Governors Office. Financial and other incentives will be used to support youth participation in these efforts.

Service and Program Collaboration

Under section 477(b)(3)(F), a number of activities are in progress to enhance service collaborations with other Federal and State programs for youth in Arizona. The State is currently working to streamline enrollment of eligible former foster youth into the WIA (Workforce Investment Act) programs. The state participated in the federally sponsored Department of Labor's Shared Vision for Youth, Regional Forum in December 2004. A workgroup consisting of members from WIA, Job Corps, the Governor's office, the Department of Education, and the Arizona Young Adult Program is striving to improve work-related situations for youth. This workgroup is attempting to increase access by youth to workforce programs, and to educate the workforce community on the special needs of youth in care, youth transitioning from the juvenile justice system and homeless youth.

The program partnership with Vocational Rehabilitation (VR) has maintained support of the co-location of VR staff in the Phoenix and Tucson Young Adult Program offices. Efforts continue to build a similar resource in the more rural areas of the state. This valuable resource has resulted not only in expedited services to disabled youth but has also allowed for identification of previously unknown disabilities. This collaboration has also allowed for easier screening of youth, and subsequent referrals to the Division of Developmental Disabilities and the adult mental health system.

Community agencies contracted to provide Independent and Transitional Independent Living services are now required to include abstinence education in their work with youth. With these agencies, teen health issues are emphasized, in addition to personal responsibility and youth "ownership" of service plans.

As previously mentioned, youth have been participating in a statewide collaboration with professionals who provide services to youth to enhance and strengthen the mentoring program for youth transitioning out of foster care. The Statewide Youth Advisory Board, along with an alumni group (HUBS-Helping Us Bridge Systems) remains available, providing forums for teens and young adults to express their needs and recommendations in the development and refinement of mentoring programs. Arizona recently applied to the Foster Care Alumni of America (FCAA) and was accepted as one of seven states who will open an FCAA Alumni Chapter.

Mentoring initiatives continue to be supported by the Governor's reform plan. Increased outreach throughout the state is resulting in increased mentoring opportunities for youth in care through such programs as: In My Shoes Peer Mentoring Project, Foster Angels of Arizona Serving Together Peer Mentoring Program and Phoenix Youth at Risk. Additionally, representatives from the state CFCIP continue to work with state universities to begin development of on-campus peer and adult mentoring programs. With regard to these mentoring programs, the universities agreed to develop procedures to

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identify and prioritize current and former foster youth for participation in the programs.

The Governor's Office is additionally facilitating a work group that includes members of the Governor's Office on Children, Youth, and Families, the state AYAP, community Teen Pregnancy Prevention organizations, Department of Education, Department of Health Services and others. This group is actively working to explore, identify and implement strategies to address the high rates of teen pregnancy among youth in foster care and the juvenile justice systems. Efforts are focused on the development of a comprehensive health education policy for youth in systems of care, to include an effective training curriculum, which will be applicable for staff and caregivers as well as youth in care. The desired result of these efforts is a reduction in the incidence of teen pregnancy and sexually transmitted infections among our current and former foster youth.

The existing state Youth Advisory Board continues to inform the state CFCIP, Governor, and Department and Division administrators of the needs of youth in care. Youth participated in the October 2005 Children Need Homes Foster/Adoptive Home Recruitment Conference in Phoenix. Youth co-facilitated training activities for licensed foster and adoptive parents and others. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The statewide Youth Advisory Board plans to work more closely with the state recruitment specialists to develop targeted recruitment strategies for homes for older youth in care and will again co-design and facilitate a program at the 2006 Children Need Homes Conference.

Protocols for transitioning youth with mental health needs into the adult mental health system have been developed throughout the state. The Regional Behavioral Health Authorities (RBHAs) have worked closely with local CPS offices and the two Young Adult Program sites, to refine and strengthen transition services for older youth in care.

Finally, the state continues participation in a collaborative effort to implement interagency protocols that focus on youth and families involved with multi-systems. The protocols outline the responsibilities of partner agencies serving youth and families who are involved with the child welfare and juvenile justice systems. In May of 2006, the protocol partner agencies participated in a statewide conference, where local areas were provided an opportunity to create or enhance local implementation plans. These plans addressed strategies for ongoing, effective communication and coordination of services between member agencies as well as evaluation of the effectiveness of the protocols.

B. Goals, Objectives, Benchmarks, and Measures of Progress

The State's Chafee Foster Care and Independence (Independent Living) Program and Education and Training Voucher Program support the State's ability to achieve permanency and well-being outcomes for youth who are likely to reach age 18 while in out-of-home care, or are transitioning out of foster care between the ages of 18 through 20. In particular, these Programs support the State's ability to achieve the following outcomes:

Permanency Outcome 1:	Children have permanency and stability in their living situations.
Permanency Outcome 2:	The continuity of family relationships and connections is preserved for children.
Well-Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.
Well-Being Outcome 2:	Children receive appropriate services to meet their educational needs.
Well-Being Outcome 3:	Children receive adequate services to meet their physical and mental health needs.

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Arizona measures the success of its Independent Living Program and its Education and Training Voucher Program through progress toward the permanency and well-being goals found in Section III, Part 2: *Permanency*, and Part 3: *Child and Family Well-Being*.

In addition, Arizona monitors the effectiveness of its Independent Living Program and Educational and Training Voucher Program through the following Independent Living Program/Educational and Training Voucher Program goals. :

ILP/ETVP Goal 1: The percentage of youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 25% or more.

FY 2004:	32%	FY 2005:	32%
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ILP/ETVP Goal 2: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who complete high school or obtain a GED will be 83% or more

ILP FY 2004:	81%	ILP FY 2005:	86%
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TILP in FY 2004:	47%	TILP in FY2005:	61%
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The Department's goal to increase the percentage of youth completing high school or attaining a GED remains a priority. The Governor's CPS Reform includes a committee to address the educational needs of children involved in the child welfare system. This committee is comprised of professionals from public and private entities who have stakeholder interest in this vulnerable population. We anticipate improved outcomes as a result of this focus. Recommendations from this committee will be issued by July 2006.

The continued lower percentage of high school graduates and GED recipients from the Transitional Independent Living Program (TILP) may be attributed to the participant's more serious need for the basic life necessities (food, shelter, and clothing). These needs must be satisfied before the young adult can commit to educational and employment advancements.

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program enrolled in a college or trade school after completing high school or obtaining a GED will be 45% or more

FY 2004:	62%	ILP FY 2005:	69%
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TILP FY 2005:	43%
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ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who are employed will be 45% or more

FY 2004:	49%	ILP FY 2005:	49%
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TILP FY 2005:	46%
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C. Objectives and Activities Planned for FY 2007

In FY 2007, the Department will strive to improve performance related to the goals listed above, and therefore outcomes for children and families, by implementing the following objectives and activities. These objectives are the same as objectives 13 and 14 found in Section III, Part 5: *Objectives and Activities for 2007*.

Objective 10: Develop new placements, services, and supports to address the needs of young adults in out-of-home care

1. Continue to collaborate with community stakeholders to expand mentoring programs (such as *In My shoes*) and resources to assure all youth in the process of transitioning from foster care have an adult mentor.
2. In consultation with the statewide Youth Advisory Board, and by including youth participation in foster parent orientation trainings and the annual statewide Children Need Homes Conference, conduct specialized recruitment to increase the quantity, quality, and preparedness of foster care placements for older youth.
3. Design and support a website/webpage for teens in care and alumni, which will feature program information, resources, hotline numbers, youth advocacy and training opportunities, a teen bulletin board, and other information.
4. Increase CPS Specialist and caregiver preparedness to assist youth to understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services.
5. With the assistance of legal and local immigration experts, draft policy and provide training and technical assistance for CPS Specialists to assist undocumented young adults to apply for legal residency, when appropriate to the youth's circumstances.
6. Expand the use of CFCIP funds to provide financial incentives and other support to encourage youth participation in a variety of advocacy, mentoring, training, and program development (including alumni) activities.

Objective 11: Increase the accessibility and utilization of services and supports for youth age 18 and older, and encourage youth to remain in care until they have the capabilities and resources to successfully live on their own.

1. Upon entry into the Young Adult Program, provide youth with comprehensive welcome packet of information regarding the independent living program, client rights (including grievance procedures), program services, benefits and activities, emancipation options, aftercare services, mentoring, and opportunities for youth advocacy.
2. Develop an internal grievance process in the Independent Living Rulemaking Package to provide due process when DES denies the opportunity for youth to remain in care beyond age 18, and work with DES Appellate Services to formalize an appeals process for youth who can not get resolution through the internal grievance process.
3. Continue to develop partnerships with the state universities and community colleges to ensure current and former foster youth receive all available financial support to permit foster youth to continue with post-secondary education or other professional or trade school.
4. To provide professional experience to older youth who desire to pursue social service careers, use CFCIP funds to support youth intern positions responsible for various activities, including the facilitation of local youth advisory boards and the assistance of local efforts to recruit foster and adoptive homes for older youth.

Section VII

Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) ANNUAL PROGRESS REPORT

A. Update on Program Areas

The following is a summary of the progress, accomplishments, goals and objectives and any problems for the program areas being supported by CAPTA funds.

1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect.

ACYF Child Protective Services Specialist Group Care Investigations

Goal:

To provide specialized staff capacity and expertise to conduct investigations of child abuse and neglect reports in licensed group care facilities statewide. Investigations may include joint investigations with law enforcement or other agencies as necessary.

Objectives:

Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff.

Initiate investigations in group care facilities within Department timelines.

Coordinate investigations with Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, case managers assigned to identified child victims, and other State agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS).

Complete joint investigations with law enforcement for all reports alleging extremely serious conduct. This includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

Update:

ACYF maintains a specialized unit to conduct investigations of all abuse and neglect reports about children residing in licensed group care facilities. The CPS Specialist coordinated activities between ACYF, CPS field staff, the Child Abuse Hotline, licensed group care facilities, and other involved State agencies. Investigations are conducted jointly with licensing staff and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and to permit licensing issues to be addressed concurrently with the CPS investigation. The Group Care Investigators also coordinate with the licensing authority (DCYF, DHS and DDD) after proposing to substantiate cases of child abuse and/or neglect.

In addition, the ACYF Group Care Investigation Unit provides training regarding group care investigations to the various agencies and CPS field staff who may participate in these investigations. The group care investigators provide consultation on a continuous basis to group care providers, licensing agencies, CPS case managers, and other affiliated agencies. During this reporting period,

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training on the group care investigation process for responding to reports of abuse or neglect received on out-of-home care providers was provided to foster parents on January 31 and on April 22, 2006. The ACYF Group Care Investigation Unit is in the process of expanding its community outreach, education, and training to encompass school systems as well as the Department of Corrections and the Superior Court.

The Group Care Investigation Unit continues to successfully meet its goal of protecting children through the investigation of all reports received on licensed agencies, including satellite facilities and foster homes. During this reporting period, the Unit received 126 CPS reports. 100% of these CPS reports were assigned for investigation. Of the 126 reports, 62% were on DCYF licensed facilities; 19% were Department of Health Services licensed facilities; and 19% involved the Division of Developmental Disabilities facilities. Eight investigations resulted in a "proposed substantiated" finding of child abuse and/or neglect. These eight cases consisted of the following types of maltreatment:

- Physical abuse-low risk: Injuries not requiring medical treatment and/or parent threatens physical harm if no intervention is received;
- Neglect-low risk: Situations which may require interventions due to the absence of a parent, or a parent is unable due to physical or mental limitations or is unwilling to provide minimally adequate care, which includes exploitation of a child;
- Physical Abuse-Moderate Risk: Serious/multiple injuries, which may require medical treatment and or a child at high risk for serious physical abuse if no intervention is received; and
- Sexual Abuse-High Risk: Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days. Sexual abuse reports that may constitute a felony are jointly investigated with law enforcement according to established protocols.

There has been fluctuation in the total number of group care reports investigated and the number of reports proposed for substantiation. During SFY 1997 thirty-one (26%) of the 117 reports received were substantiated; in SFY 1998 twenty-one (6%) of the 368 reports received were substantiated; in SFY 1999 fourteen (6%) of the 235 reports received were substantiated; in SFY 2001 fifteen (14%) of the 107 reports received were substantiated; in SFY 2002 thirteen (11%) of the 114 reports received were substantiated; in SFY 2003 nine (9%) of the 100 reports received were substantiated; in SFY 2004 eighteen (11%) of the 171 reports received were substantiated; and in SFY 2005 eight (6%) of the 126 reports received were substantiated. The drop in substantiation rates after 1997 may in part be due to the appeals process implemented in January 1998.

The ACYF Group Care Investigation Unit has developed and established uniform methods of communication between the licensing authorities (DCYF, DHS and DDD) and Unit staff. The Unit completes a standard notification to the child's assigned case manager either by e-mail (CPS staff) or telephonically (DDD staff), and to the provider's assigned DES licensing specialist by e-mail and licensing authority (DHS & DDD). Upon completion of an investigation, the Unit sends a similar standard notification on the investigation findings to the child's assigned case manager, the provider, and the provider's licensing authority.

The Group Care Investigation Unit also investigates reports on DCYF and DDD licensed foster homes in District I, generating 102 reports during this reporting period. Due to concerns about incidents of sexual conduct or physical injury between children placed with licensed and unlicensed providers, new

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procedures were implemented as follows:

- incidents are not taken as a report for field investigation;
- incidents are responded to as needing an “action” to determine if the sexual conduct or physical injury was due to neglect by the caregiver.

The outcome of all investigations is provided to the Office of Licensing, Certification and Regulations (OLCR) for review to determine if licensing violations may have occurred. None of the cases proposed for substantiation resulted in licensing infractions or corrective action plans. In some cases, the agencies independently made the decision to terminate the involved staff.

The ACYF Group Care Investigation Unit assisted the field units to investigate CPS reports on DES employees in District I and other Districts as needed.

Arizona State Child Fatality Review Program

Goal:

To reduce preventable child fatalities through the review of cases, training, community education, and recommendations for legislation and public policy.

Objectives:

Review all child fatalities in the State and make a determination that the fatality was or was not preventable.

Submit an annual report to include recommendations for legislation and public policy aimed at preventing child fatalities.

Provide recommendations for improving the child welfare system including policy and procedural changes, and training related to the prevention of child fatalities.

Update:

The Child Fatality Review Program continued to work on its goals of reducing preventable child fatalities and making recommendations for change and improvement. Members of the State and local Child Fatality Review Teams accomplish this through case reviews, training, community education, and data-driven recommendations for legislation and public policy. The local Teams include representatives from health, child welfare, social services, behavioral health, law enforcement and the judicial system. The Program also provided data to professionals for research and presentations on preventing child deaths in Arizona.

The responsibilities of the State Child Fatality Review Team include:

- development of standards and protocols for local child fatality review teams and provision of training and technical assistance to these teams;
- development of protocols for child fatality investigations including protocols for law enforcement agencies, prosecutors, medical examiners, health care facilities, and social service agencies;

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- study of the adequacy of statutes, ordinances, rules, training, and services to determine what changes are needed to decrease the incidence of preventable child fatalities and, as appropriate, implementation of these changes;
- provision of case consultation on individual cases to local teams if requested; and
- public education regarding the incidence and causes of child fatalities as well as the public's role in preventing these deaths.

During this reporting period, the Teams met their objectives and have identified new objectives for the next reporting period. These include promoting collaboration between county and tribal officials to improve child death reviews. In November 2005, the Twelfth Annual Child Fatality Review Report was presented to the Governor, the President of the State Senate, and the Speaker of the House of Representatives. The report is posted on the Department of Health Services (DHS) website and is available to the public at this site.

The Child Fatality Review Program's ability to interface with Arizona's vital records database provides comprehensive and reliable data on child fatalities and enables the Program to regularly provide recorded child death information to the local Teams in an efficient and timely manner, resulting in an increase in the number of cases reviewed. More than 250 Child Fatality Review Program volunteers throughout Arizona contributed over 4,000 hours of their time to review child deaths that occurred in calendar year 2004. As a result, Child Fatality Review Teams reviewed a higher percent of child deaths that occurred during calendar year 2004 than had ever been reviewed prior years. Of the 1,048 child deaths reported in Arizona during 2004, 1,031 (98%) were reviewed for the Child Fatality Review Program's 2005 report. During the prior reporting period, 937 (89%) of 1,053 child deaths were reviewed. Child fatalities reviewed include children who died from abuse or neglect as well as other causes. The data review form used by local child fatality review teams was revised for the 2004 data collection year to include a 32-item checklist of preventable factors.

Key 2004 Child Fatality Review Program Findings

- 35% of all reviewed deaths had at least one preventable factor.
- The percent of deaths determined preventable increased with the child's age.
- The five most frequently identified preventable risk factors were: drug or alcohol use, lack of supervision, vehicle restraints, and driver inexperience.
- Sixty percent (n=624) of the children died before reaching their first birthday.
- Thirty percent (n=309) of the 1,031 deaths reviewed among children birth through 17 years were preventable.
- The most common natural cause of death was prematurity, (26 %; n=271).
- Twenty percent (n=204) of childhood fatalities resulted from accidental injury.
- Forty children in Arizona died as the result of maltreatment.
- Forty-three children were victims of homicide.
- Twenty-seven children committed suicide.
- Motor vehicle crashes resulted in 13 percent (n=132) of the child fatalities.
 - ⇒ 64 victims of fatal motor vehicle crashes were not properly restrained.
 - ⇒ Driver inexperience was cited as a contributing factor in the deaths of 61 children.
 - ⇒ Driving at an excessive rate of speed was a contributing factor in the deaths of 46 children.

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- Thirty-one children died from drowning.
- Drugs or alcohol use contributed to ten percent (n=102) of all child deaths.
 - ⇒ The Teams noted a disturbing trend of increasing impact of methamphetamines on child fatalities. Twenty-one percent (n=21) involved the use of methamphetamines.
 - ⇒ Fifty-six percent (n=24) of homicides and fifty-five percent (n=22) of maltreatment deaths involved drugs or alcohol.
 - ⇒ Twenty-six percent (n=7) of the suicide and twenty-six percent (n=34) of the motor vehicle crash deaths involved drugs or alcohol.
- Lack of adequate supervision contributed to eight percent (n=79) of child deaths.

The Child Fatality Review Teams attempt to identify the resident setting for the child at the time of death. In some cases, this information is not apparent in the reports reviewed. Children in relative homes and residential/group care facilities may have been wards of the court, placed by the Administration of Children, Youth, and Families; or placements might have been arranged by parents, the Regional Behavioral Health Authority, or through the juvenile probation agency. The resident setting for the 1,031 child fatalities were:

- 8 Foster home
- 2 Homeless/Runaway
- 10 Relative home
- 9 Residential/Group care
- 1,002 Parent home/Other/Unknown

The manner of death for children that resided in foster care, residential treatment/group care facilities, and relative homes at the time of death is as follows:

- 9 Accidental
- 13 Natural
- 2 Homicide
- 3 Suicide

The principle cause or mechanism of death for children that resided in foster care, residential treatment/group care facilities, and relative homes at the time of death was:

- 1 Animal injury
- 1 Poisoning
- 2 Gunshot wound
- 3 Motor vehicle crash
- 3 Hanging
- 4 Drowning
- 13 Medical conditions

The Teams determine whether or not the death was preventable. A child's death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. Fifteen of the 27 deaths of children that resided in foster care, residential treatment/group care facilities, and relative homes at the time of death were determined to be preventable. The Teams also determine the preventable factors that contributed to fatalities. Contributing factors identified in these deaths included:

- 6 Lack of supervision

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- 4 Drugs/alcohol
- 3 Lack of supervision
- 2 Domestic violence
- 2 Lack of suicide awareness/depressive symptoms
- 2 Lack of pool barriers
- 2 Vehicle restraints not used
- 2 Driver inexperience
- 2 Excessive speed
- 2 Access to firearms
- 1 Lack of water safety
- 1 Failure to report
- 1 Sleep position
- 1 Unsafe bedding

While the focus of the Child Fatality Review Team is legislative and public policy change, the Team's findings regarding the impact of substance use (particularly methamphetamine) on child fatalities is consistent with the Division's assessment of the causes for children and families entering the child welfare system. In an effort to respond to this emerging trend, the Division moved forth several initiatives including statewide training on methamphetamine, an examination of the impact of methamphetamine on child welfare, and advocacy for enhanced funding to expand substance treatment throughout Arizona.

The Division staff provided leadership and coordination in the delivery of statewide training by experts in the field of methamphetamine abuse, in June 2006. Twenty-five training sessions were held with a total of 1,011 CPS staff and other stakeholders attending. This training was instrumental in increasing our awareness of the consequences of methamphetamine abuse, in addition to building staff skills in engaging and providing intervention for these seemingly difficult clients.

Division staff convened and are leading a statewide task force whose primary purpose is to examine the impact of methamphetamine on Arizona's child welfare system. A panel of experts from substance abuse organizations, behavioral health agencies, universities, and others convened to improve the child welfare response to families impacted by methamphetamine to ensure child safety and improve well-being. The efforts and recommendations of this group have thus far resulted in the following actions:

- Updated CWTI training curriculum to include a train-the-trainer component.
- Dissemination of a specialized training curriculum on Motivational Interviewing to each District to assist in our efforts to engage families in the change process.
- Partnership with the Department of Health Services to identify a screening tool to enhance CPS Specialists' identification of substance abuse related issues.
- Development of informational publications targeted at field CPS Specialists to ensure child welfare staff are properly informed on the impact of methamphetamine. The informational series is currently being published and includes practice points on topics such as family centered practice, methamphetamines and child maltreatment, effective treatment, safety, and engagement.

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- Development of a *Risk Domains and Six Fundamental Safety Questions for Methamphetamine Abuse* matrix to assist CPS Specialists to explore maltreatment in the context of methamphetamine abuse. This tool is currently being finalized with DES Forms and Publications.
- Initial interdepartmental planning to explore methods to quantify the prevalence of methamphetamine use in child welfare involved families. Methods may include existing data collection matrixes or development of new strategies.

The task force is currently focused on two tasks – policy and service development. The group will formulate recommendations for service delivery to methamphetamine-involved families where the family remains intact and for cases where removal of a child is necessary. Additionally, draft policy recommendations have been formulated and are under review by the group to assist in guiding practices with these families.

The Department, in collaboration with other State agencies and stakeholders, advocated for and received additional funding to enhance substance abuse treatment in Arizona. The 2006 Legislative Session appropriated \$2,000,000 in SFY 2007 from the State general fund to the Division's Arizona Families F.I.R.S.T. program for substance abuse treatment. This bill also:

- established the Addiction Reduction and Recovery Fund in the Department of Health Services (DHS);
- appropriated funds for rural detoxification programs and for substance abuse and addiction prevention programs;
- appropriated funds to DHS for radio and television public service announcements warning of the risks associated with methamphetamines; and
- appropriated funds to the Department of Public safety for methamphetamine interdiction efforts.

Arizona Citizen Review Panels

Goal:

Review policy, procedures, and practice of the State and District Offices and determine the extent to which the State and local Child Protection Systems are discharging their child protection responsibilities.

Objectives:

Convene at least quarterly to review case records including fatalities, near fatalities, high risk maltreatment, and other case types as required.

Submit an annual report including recommendations for improving the child welfare system.

Provide feedback regarding policy, procedural, and practice improvement to the State and District Child Protective Services systems, and any need for additional technical assistance.

Update:

During this reporting period, the Citizen Review Panels continued efforts to improve the State's response to children in need of protective services. The Panels met more frequently than the required quarterly schedule. The State Panel met on eight occasions, the Pima County Panel met on ten occasions, and the

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Yavapai County Panel met on nine occasions; resulting in completion of 23 case record reviews (fourteen involving child fatalities and nine near-fatalities and other high-risk cases). The cases included a total of 131 reports of abuse and neglect and multiple types of maltreatment allegations. Prior reports involving the family and investigation of these reports were also examined. The Panels continued to assess the stages of Intake and Screening, Investigation, Crisis Intervention, Investigation Finding/Determination, Case Plan Implementation, and Case Closure. The Panels implemented a section in the review process that includes an assessment of Prior CPS History in the review of stages. The purpose of this change was to determine whether safety concerns and services were addressed in previous investigations. The most prevalent family risk factors identified were lack of parenting skills (20 of 23 cases) and substance abuse (18 of 23 cases).

The Panels also reviewed a sample of Child Protective Services investigations involving children placed in foster care. It was determined that the existing review form used to capture case information did not adequately address the review of the licensing record of foster families. Revisions to the form expanded the reviews to include an assessment of licensing regulations for foster families, foster parent training, child-to-caregiver ratios, and foster care policies.

To facilitate the review of records, DCYF provides to the Citizen Review Panel Coordinator a quarterly list of all reports containing allegations of fatalities, near fatalities, and high-risk abuse and neglect. This enables the Coordinator to obtain information necessary to conduct reviews from the automated case management information system (CHILDS) in a more efficient and timely manner.

The Citizen Review Panel Annual Report and program progress report are included in the Attachments section of this Child and Family Services Annual Progress Report.

2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations

Child Protective Services Multidisciplinary Teams

Goals:

To conduct a multidiscipline case consultation of Child Protective Services cases to ensure that the most appropriate services and plans are coordinated, integrated, and implemented for the child and his/her family.

To increase public awareness of child abuse identification, prevention, and treatment activities and to enhance the community's ability to respond to child abuse and neglect.

To provide feedback regarding policy, procedural, and practice improvement to the District Child Protective Services system.

Objectives:

To provide comprehensive case information and discussion not otherwise available with particular focus on CPS cases, and coordinate with the hospitals and identified medical personnel.

To provide CPS investigation and ongoing services on identified cases during and after the report and investigation phase.

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To provide broad based decision-making and case action on all “Baby Doe” cases and other identified CPS cases in Districts.

To assist in the diagnosis and treatment of child abuse and neglect.

To enhance coordination between various hospitals, agencies and organizations involved in the diagnosis and treatment of child abuse and neglect.

Update:

The MDT annual reports include a description of the goals, objectives, specific activities, progress/accomplishments, and whether outcomes have or have not been accomplished. These reports are generally narrative in nature as required by the contract scope of work and do not include specific quantitative data. Therefore, specific quantitative data is not available to evaluate the extent to which the Teams are meeting the goals.

Child Protective Services Multidisciplinary Teams (MDT) function in three Districts: Districts II, IV and VI. Other Districts found the implementation of multi-agency processes such as Family-to-Family, Family Group Decision Making (FGDM), and the Department of Health Services (DHS), Division of Behavioral Health Services’ Child and Family Teams (CFT) more useful in meeting the needs of the children and families involved with CPS. These processes generally include State and community agencies and family members in decision-making and the identification and development of services specific to the child and family’s needs.

District MDTs vary in composition and focus, depending on the District needs. The MDTs and Coordinators continue to meet the goals and objectives by providing educational programs on child abuse prevention; advocating for prevention programs; promoting and assisting in the coordination of the annual Child Abuse Prevention Conference; identifying community resources; providing training on reporting child abuse and neglect; participating on local Child Fatality Review Teams and Citizen Review Panels; and providing case consultation and service recommendations to the CPS case managers.

District II - One Multidisciplinary Team and Coordinator serve District II, Arizona’s second largest metropolitan area. Tucson is located in Pima County, in south central Arizona, and has primarily an urban population. District II continues to use a specialized Team consisting of a contract board certified psychiatrist, a licensed clinical psychologist, and a licensed clinical social worker (who is a District II employee). This Team meets 8 to 12 hours weekly to review and assess individual cases and provides consultation regarding the need for inpatient psychiatric assessment or treatment, family reunification, diagnosis, and review of prescribed medications. The reviews are completed through either case record reviews or clinical consultation based on a case presentation by CPS staff. The Team is often consulted about the need for specialty mental health services, residential or therapeutic placement, and clarification of diagnosis and assistance with identifying needs and developing appropriate service plans. The group composition depends upon the nature and complexity of the decision to be made. At the conclusion of a staffing, recommendations are made and a complete report is produced. The Team schedules staffings within 30 days of the request 90% of the time, and the written report is submitted to the referring case manager within 45 days of the staffing. The District II MDT continues to meet its identified goals and objectives and has developed new goals and objectives for the next year.

One focus of the team is the educational success of children involved with Child Protective Services. The Team provided psycho-educational evaluations, stressing the importance of providing remedial

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assistance to children who need it. The Team social worker continues to participate in a workgroup chaired by a Juvenile Court Judge, which has produced draft a court order that will facilitate a case manager's ability to obtain educational records for dependent children. The Team social worker has also arranged for the Department of Education State Coordinator to provide four training sessions for staff on the McKinney-Vento Act and the use this Act to benefit children.

District IV - District IV currently maintains one MDT and Coordinator. District IV includes La Paz, Mohave, and Yuma counties, covering the entire western border of Arizona. The MDT in La Paz County operates with a child and family-centered collaborative approach. The Team is composed of licensed clinicians from multiple agencies, case managers, teachers, school psychologists, probation officers, and other involved agencies and groups. The goal of the Team is to ensure that the needs of the children and families involved with Child Protective Services are met and appropriate services are provided. The Team meets for two to three hours monthly to review the cases of children and their families who present with complex and multi-system involvement. The MDT review approach assists in the following areas:

- Provides a collaborative approach to addressing difficult issues with multi-system involved children and families;
- Reviews treatment, placement and planning decisions for children involved in the child welfare system by respected professionals; and
- Educates community professionals about the dependency system, CPS policy and procedures, and services available to assist children and families.

The reviews conducted by the MDT are thorough and multi-dimensional. The Team consults with and involves as many parties as possible, including but not limited to the assigned CPS case manager, supervisor, child(ren) and parents, other relatives, the caregivers, and school counselors. Referrals and follow-up staffing sessions are attended regularly by service providers. Referrals from community resource agencies including juvenile probation, the Colorado River Indian Tribes, Providence, and the Excel Group are increasing. This MDT averaged 60% involvement from other systems in monthly meetings, with a goal for 2006-2007 of 85% at each meeting. 100% of referred cases were staffed within 30 days. The MDT meetings occurred monthly 100% of the time.

District VI - This District includes four counties in the Southeastern part of the State: Cochise, Graham, Greenlee, and Santa Cruz. The Wilcox MDT met monthly between July 2005 and January 2006. Due to staffing shortages and unavailable members, further meetings of the MDT were cancelled. The MDT members coordinated with the Department of Health Services' Regional Behavioral Health Authority (RBHA) and combined the MDT meeting with the RBHA annual meeting. Regular MDT meetings resumed in March. The MDT membership includes law enforcement, CPS staff, Juvenile Probation, schools, other community service organizations and the Wrap-Around Program.

The Team met 92% of the time during this year. The MDT began FY 2006 with eight open cases, five of which closed during FY 2006. Of the original cases, three remain open along with nine new cases. The Team staffed all referrals and conducted update reviews on open cases. The Team developed action plans and made collaborative decisions and assignments to assist clients. Efforts to engage families into the staffing process and plan development continue to be made by the MDT. The Wilcox MDT continues to use funds to provide or supplement needed services and conduct case follow-up for clients. An allotment of \$350 per case may be used to expand services and meet specific needs and direct assistance.

3. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers

Goal:

Provide specialized intensive training to line staff and supervisors to enhance their skills and knowledge resulting in improved outcomes for children and families.

Objectives:

Support DCYF staff attendance at the annual Child Abuse Prevention Conference.

Complete a re-design of the Children's Services Manual as a means to improve field staff knowledge and application of family-centered principles and practice, and assessment of family strengths and needs including child safety assessment and risk of harm assessments.

Update:

Child Abuse Prevention (CAP) Conference

CAPTA funds were used to enable CPS staff attendance at the annual Child Abuse Prevention Conference held January 18-20, 2006. This assistance allowed 115 CPS staff to obtain new skills and knowledge through various workshops; and enabled staff to network with national child welfare experts. The focus of the Conference was prevention, protection, permanency and well-being. Examples of the 38 workshops are as follows:

- Prevention Partnerships: Working Together for Children of Incarcerated Parents;
- Guidelines for Identifying the Substance-Exposed Newborn;
- Joint Investigations-Different Jobs, Safer Children;
- "Keeping Up When Things Get You Down" . . .Soul Nourishment For The Helping Professional;
- Responding to Arizona's Methamphetamine Crisis;
- Life After Assessment: Decision Making Based on Family Strengths

Redesign of the DCYF Children's Services Manual

CAPTA funds were used to contract with Lorrie Lutz, L3 P Associates, to reorganize, re-format and integrate family-centered "Best Practice Tips" and concepts throughout the manual. Ms. Lutz, a nationally recognized expert in family-centered practice, is also a subcontractor for various National Resource Centers such as the National Resource Center on Family Centered Practice and Permanency Planning. This redesign will result in a set of policies and procedures that direct CPS staff practice in a family-centered manner. The Children's Services Manual will reflect the State's practice changes and philosophical orientation toward the agency's work with children and their families. The redesign includes:

- streamlining (and simplification) of procedures for easy application;
- restructuring, reorganizing and augmenting content (including forms, exhibits, and glossary);
- creation of a detailed flow of practice (flow chart) and linkage of each phase of practice to a description of practice so that staff understand where practice fits in the flow of serving children and families;

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- integration of family-centered practice and best practice standards;
- identification of hyperlinks to relevant subject matter (such as State statutes and rules, documentation requirements, supplemental documents, etc.); and,
- a web-based manual accessible to Department staff and the general public.

This manual is expected to enhance staff skills and knowledge in the collection and evaluation of case-specific information; assessment of family strengths and risk factors; assessment of family functioning in the various life domains; and assessment of child safety and risk of harm to children by their caregivers. As equally important, staff will be provided a practical guide to using these skills in a family-centered approach.

B. Activities for FY 2007 Funds

DCYF Child Protective Services Specialist for Group Care Investigations

CAPTA Basic State Grant funds will be used to support specialized investigations of reports of abuse and neglect received on children in congregate care (group care and residential settings). This activity does not differ from the previous plan.

Child Abuse Prevention (CAP) Conference

CAPTA Basic State Grant funds will be used to support CPS staff attendance at the annual Child Abuse Prevention Conference held annually in January. This activity does not differ from the previous plan. This assistance provides opportunities for CPS staff to learn from and network with national child welfare experts. This is one of several advance training opportunities for CPS staff to gain new (and refresh existing) skills and knowledge through various workshops. The focus of the Conference is prevention, protection, permanency and well-being.

Child Protective Services Multidisciplinary Teams

CAPTA Basic State Grant funds *will not* be used to support the MDTs in FY 2007 due to the addition and expansion of other family team processes such as Family Group Decision Making (FGDM), Child and Family Team meetings (CFT), and Family to Family. These family team processes are emerging as repetitive processes and seem quite capable of replacing the local MDT functions.

Arizona State Child Fatality Review Program

CAPTA Basic State Grant funds will be used to support the Arizona Department of Health Services (DHS) State Child Fatality Review Team through an Interagency Service Agreement. This activity does not differ from the previous plan. The program activities include physician consultation, case processing, and preparation of cases for review, maintenance of a database, and data analysis resulting in child death prevention recommendations. There continue to be 13 local Teams statewide and a State Child Fatality Review Team that meets quarterly.

Arizona Citizen Review Panel Program

CAPTA Basic State Grant funds will be used to support the required Arizona Citizen Review Panel. This activity does not differ from the previous plan. Three Citizen Review Panels are administered by the Department of Health Services Child Fatality Review Program through an Interagency Service

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Agreement. Grant funding is used to support a management position, equipment, and State and Local Panel coordinator activities. The Panels, located in Pima and Yavapai Counties and Phoenix, rely on volunteer members to accomplish their goals and objectives.

Specialized Skills Development and Enhancement

CAPTA Basic State Grant funds will be used to provide specialized skills enhancement in the investigation of child abuse and neglect. This activity does not differ from the previous plan; although the focus is enhancing supervisory skills and knowledge. This multi-pronged approach will include refresher training in child safety assessment, risk of harm assessment, family-centered assessment of strengths and needs, and case planning. On-site intensive supervisory peer support through consultation (focus groups) and periodic teleconferencing with supervisory staff facilitated by national child welfare experts will assist in embedding family-centered practice statewide.

C. Description of Services and Training Required by Section 106(b)(2)(C)

1. Services to be provided to children, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect

CAPTA grant funds are not used to provide direct services or referrals aimed at preventing the occurrence of child abuse and neglect. CPS staff refer children and families to community based contract providers for services aimed at preventing and treating child abuse and neglect. These contract providers offer an array of services such as child care services, domestic violence shelters, food stamps, housing assistance, counseling, behavioral health services for adults and children, etc. Families also have direct access to voluntary services through Healthy Families Arizona, Arizona Promoting Safe and Stable Families, TANF, and Family Connection Teams. These voluntary service programs often refer families to other community based services. The Child Abuse Hotline also makes referrals to community based resources and services when the information does not meet the criteria for a report.

2. Training to be provided to support direct line and supervisory personnel in report taking, screening, assessment, decision-making, and referral for investigating suspected instances of child abuse and neglect

CAPTA funds are not used to fund training for the Arizona Child Abuse Hotline staff. Training for these staff is provided through a State funded Hotline training position. Hotline supervisory staff are required to complete the DCYF Child Welfare Training Institute (CWTI) case manager CORE training. Training for all Hotline direct line staff occurs on-site at the Hotline via a dedicated state funded full-time CPS Specialist training position. The Hotline training program involves four weeks of instruction and practice (two weeks of classroom training, and two weeks of practice) and mentoring. Training occurs periodically, based on the hiring of new staff. For example, four new Hotline Specialists will begin training on July 31. The next training session for Hotline staff is set to begin on August 28.

The comprehensive curriculum includes instruction in Arizona's child abuse and neglect statutes and related criminal statutes, which provide the legal basis for investigation of child abuse and neglect. Legal and applied definitions of abuse and neglect and specific criteria for assignment of response times are trained in detail. Other training topics include the use of the DCYF automated case management system (CHILDS) and other Department data systems used to research current and historical information about families reported to and investigated by CPS. Information found in these data systems is used in the immediate assessment of child safety and risks. Hotline staff are also trained in safety and risk

assessment, and the various tools (including the Child Safety Assessment and Strengths and Risks Assessment protocols) used during the field investigative process. Domestic violence, substance abuse, and their impact on child safety and risk of harm are also covered.

3. Training to be provided for individuals who are required to report suspected cases of child abuse and neglect.

CAPTA funds are not used to train mandated reporting sources. The Child Abuse Hotline Program Manager, Assistant Program Manager, and Trainer provide training for mandated reporting sources. District Administration and CPS Specialists also provide training to mandated reporters through a formal Speaker's Bureau process. Training materials utilized and provided include written pamphlets, posters, cards, and a video regarding mandated reporting requirements and the process for making a report to the Hotline. The video was developed and produced by DCYF. During this reporting period, Hotline staff trained approximately 200 individuals, including six training sessions for new employees of the Division of Developmental Disabilities (DDD) on reporting child abuse and neglect.

Information about reporting child abuse and neglect, including the reporting statutes, legal definitions of child abuse and neglect, parent's rights during an investigation by CPS, and available services are included in the training and the Department's website. As part of the Governor's Reform of CPS, a workgroup developed a plan to provide comprehensive training to mandated reporting sources that included placement of information and forms on the Department's website. The online reporting form was piloted in 2005. The form will be revised based on the recommendations of the workgroup. The revised forms will be printable from the Department's website for use by mandatory reporters. The video currently used and distributed by the Child Abuse Hotline is in the process of revision. The updated video, expected to be available to the public in 2006, will explain legislative changes to the mandatory reporting laws.

D. Substantive Changes that May Effect Eligibility

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Unit Chief Counsel, Protective Services Section, is included as an attachment to the Child and Family Services Annual Report.

E. Citizen's Review Panel Annual Report

The annual report of the Citizen Review Panels and the Department's response to the Panel recommendations are included as an attachment to the Child and Family Services Annual Report.

F. Description of Provisions and Procedures for Criminal Background Checks for Prospective Foster and Adoptive Parents and Other Adult Relatives and Non-Relatives Residing in the Household

In the 2005 legislative session, the laws that govern foster parent licensing and adoptive parent certification were amended to require prospective foster and adoptive parent applicants to have a valid fingerprint clearance card. A.R.S. § 8-509 specifies that each adult member of the prospective foster parent household must have a valid fingerprint clearance card. The clearance cards are issued by the Arizona Department of Public Safety (DPS). The Board of Fingerprinting determines (grants or denies) a

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request for a “good cause” exemption. An officer of the court may obtain the results of the state and federal criminal records check from the DPS.

The DPS is also alerted (via the Arizona Automated Fingerprint Information System) anytime a fingerprint clearance card applicant is arrested. The DPS confirms the crime for which the applicant is arrested. If the crime is a prescribed crime that precludes the issuance of a clearance card, the DPS suspends the card and notifies the applicant and sponsoring agency. The clearance card may be reinstated when the applicant provides documentation of the outcome of the arrest.

A.R.S § 8-112 requires a state and federal criminal records check of the prospective adoptive parent and each adult who resides with the prospective adoptive parent.

The Arizona Administrative Code (R6-5-5802 and R6-5-6604) requires applicants for foster home licensing and adoption certification to be fingerprinted. R6-5802 specifies any adult member of the prospective foster parent must also be fingerprinted.

A state and federal criminal records check has been a licensing and certification Arizona requirement for years. The results of the criminal records check for the applicant for foster home licensing and adoption certification are included in the consolidated home study process.

G. CFS-101, FY 2007 Funds

The CFS-101 is included in Section VIII of the Child and Family Services Plan – Annual Progress Report 2006.

Section VIII

Financial

**CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2007, October 1, 2006 through September 30, 2007 (Original)**

1. State or ITO: ARIZONA	2. EIN: 866004791
3. Address: Department of Economic Security 1789 West Jefferson, Site Code 750A Phoenix, AZ 85007	4. Submission: [X] New [] Revision
5. Estimated Federal title IV-B, Subpart 1 Funds.	\$ 5,661,014.00
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.)	\$ 8,681,981.00
a) Total Family Preservation Services.	\$ 1,736,396.20
b) Total Family Support Services.	\$ 1,736,396.20
c) Total Time-Limited Family Reunification Services.	\$ 1,736,396.20
d) Total Adoption Promotion and Support Services.	\$ 1,736,396.20
e) Total for Other Service Related Activities (e.g. planning).	\$ 868,198.10
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 868,198.10
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ _____ b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 3,000,000.00	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount \$500,091.00, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 2,345,734.00
10. Estimated Education and Training Voucher (ETV) funds.	\$ 789,201.00
11. Re-allotment of CFCIP and ETV Program Funds: a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ _____. b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ _____. c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ 750,000.00 for ETV program \$ 500,000.00.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official
Date	Date

										(k) NUMBER TO BE SERVED [X] Families [] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP* including ETV	(e) TITLE IV- E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds		
	(a) I-CWS	(b) II-PSSF										
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		1,736.4	440.1			406.7				8,700.0	3,600	Families 46 Communities
2) PROTECTIVE SERVICES	2,761.9		60.0				12,129.1			18,700.0	36,269	Reports of abuse/neglect Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)											21,563	Families 46 Communities
(A) PREPLACEMENT PREVENTION		1,736.4				1,107.9	10,234.2			1,985.6	12,065	All children in foster care Statewide/ Reservation
(B) REUNIFICATION SERVICES						334.6					4,217	 Statewide
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,736.4				812.9				1,600.0	297	Children in Foster Care
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,736.4					10,686.1			29,600.0	577 children	Children free for adoption Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE					16,165.5		6,223.1			15,193.1	2,536	All eligible children
(B) GROUP/INST CARE					30,689.5		18,173.0			15,730.3	1,393	 Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.					36,951.8					29,551.2	8,199	
8) INDEPENDENT LIVING SERVICES				3,134.9								
9) ADMIN & MGMT	2,899.1	868.2			29,760.5					48,610.1		
10) STAFF TRAINING		868.2			4,360.9					5,229.1		
11) FOSTER PARENT RECRUITMENT & TRAINING					1321.5	50.0				2,913.6		
12) ADOPTIVE PARENT RECRUITMENT & TRAINING					925.0							
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
14) TOTAL	5,661.0	8,682.0	500.1	3,134.9	120,174.7	2,712.1	57,445.5	0.0	0.0	177,812.8		

* States Only, Indian Tribes are not required to include information on these programs

Attachments

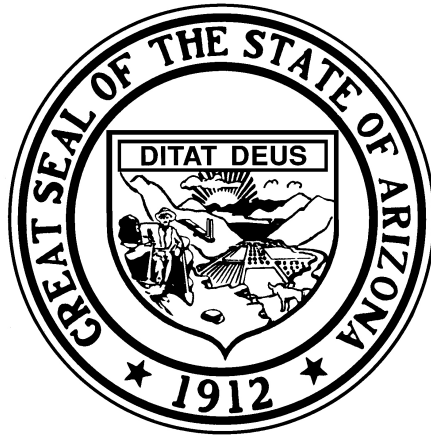
Arizona Citizen Review Panel

SEVENTH ANNUAL REPORT

DECEMBER 2005

**Arizona Department of Health Services
Public Health Prevention Services
Office of Women's and Children's Health**





Leadership for a Healthy Arizona

Janet Napolitano, Governor
State of Arizona

Susan Gerard, Director
Arizona Department of Health Services

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Executive Summary

This Seventh Annual Citizen Review Panel Report summarizes the findings of 23 reviewed cases of severe maltreatment, including fatalities that occurred between July 2004 and October 2005.

The most prevalent family risk factors identified during the reviews were lack of parenting skills (20/23 cases) and substance abuse (18/23 cases). Methamphetamine use often creates a hazardous environment and in 30 percent of all cases reviewed, directly contributed to the child's death or near-fatal maltreatment. The Citizen Review Panel commends efforts by Child Protective Services to address the devastating impact of this drug, but also recommends additional training be provided to case managers on the assessment and management of maltreatment cases complicated by parental methamphetamine abuse.

In general, the Citizen Review Panel concluded that the intake/screening and case planning/implementation stages of the Child Protective Services (CPS) program are its strengths. There were however, concerns about the management of cases involving medically fragile children that were not always adequately assessed or monitored. While the panel found that, in most cases reviewed, activities in the safety assessment/crisis intervention stage were timely and appropriately completed, the panel determined that in six cases immediate and adequate steps were not taken to ensure the safety of the child. The panel was also concerned with the failure to complete safety assessments on all parents/custodians and to identify all safety concerns. Although case planning and implementation were appropriate and timely in the majority of cases reviewed, barriers to implementation that may be beyond the control of CPS were identified and included parental substance abuse, incarceration and refusal to obtain services.

There were a number of problems identified in the investigation stage. First, record reviews revealed that case managers did not comply with investigation policies in 10 out of the 23 cases reviewed. Policies not followed included requirements to contact known sources of pertinent information, interview all children and parents, and obtain medical, law enforcement, and court records critical to the investigation. In addition, the Citizen Review Panel disagreed with the investigation findings in 10 of the 23 cases. Disagreements included the failure to substantiate allegations and the failure to amend findings to reflect current, accurate facts within the Children's Information Library and Data Source (CHILDS) system.

In addition to the current episode of maltreatment, the Citizen Review Panel also reviewed prior CPS involvement with the family. Panels determined if appropriate steps had been taken during the past episodes of maltreatment that could have prevented the most recent episode of maltreatment. In 15 of the 23 cases reviewed by the Citizen Review Panels, CPS had investigated the families in the past. Among these 15 cases there were 54 prior reports. Panels were especially concerned about past case closures that had occurred without completion of a thorough investigation and resolution of safety concerns. Panels determined that in eight of these 15 cases, adequate steps had not been taken to ensure the safety of the child and that safety concerns were not sufficiently addressed prior to case closure.

At the conclusion of each case review, panels were asked to determine if Child Protective Services followed policies throughout the case. Although Child Protective Services has made significant efforts to improve the quality of investigations and ongoing case management through the development and enhancement of policies and procedures, panels identified only eight of the 23 cases in which policies were adequately followed. This finding suggests that there may be barriers to successful policy implementation that need to be identified. While there are many possible reasons for this failure to follow policies, the Citizen Review Panels did find that the most exemplary cases were cases in which the CPS supervisor clearly had worked closely with the case manager and demonstrated knowledge of policies. This finding suggests that closer involvement of supervisors may enhance not only compliance with established policy, but also improve the outcome for children and their families.

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Citizen Review Panel Overview

This is the seventh annual report from Arizona's Citizens Review Panels. Citizen Review Panels are members of the community who volunteer their time and energy to the betterment of the lives of Arizona's children. Volunteers from the community bring an array of perspectives, experiences, and expertise to these efforts.

Background and Purpose

Arizona's Citizen Review Panel Program was established in 1999 in response to the 1996 amendment to the Child Abuse Prevention and Treatment Act requiring states to develop and establish Citizen Review Panels. The purpose of citizen review is to determine whether state and local agencies are effectively discharging their child protection responsibilities. Panels develop recommendations for improvement of Child Protective Services through independent, unbiased reviews by panels composed of citizens, social service, legal, medical, education, and mental health professionals.

The creation of the Citizen Review Panel is an acknowledgment that protection of our children is the responsibility of the entire community, not a single agency. The entire community has a stake in protecting the safety of its children. While the primary focus of oversight is the Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF), the Citizen Review Panel takes into consideration the impact of these other entities and assesses whether they support or hinder the state's efforts to protect children from abuse and neglect.

Child Abuse Prevention and Treatment Act (CAPTA)

The Child Abuse Prevention and Treatment Act (SEC.106 [42 U.S.C. 5106a]) was enacted in 1974 to provide grants to states to support innovations in state child protective services and community-based preventive services, as well as research, training, data collection, and program evaluation. CAPTA requires states receiving a Basic State Grant to establish no less than three citizen review panels, composed of volunteer members who are broadly representative of their community, including members who have expertise in the prevention and treatment of child abuse and neglect. Each panel must meet at least once every three months and evaluate the extent to which the state agency is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan. In addition, panels are required to review child fatalities and near-fatalities and examine other criteria important to ensure the protection of children, such as the extent to which the state child protective service system is coordinated with the foster care and adoption programs established under title IV-E of the Social Security Act.

Section 106(c)(5)(A) of CAPTA requires states to provide each citizen review panel with access to information on cases that the panel chooses to review if the information is necessary for the panel to carry out its functions under CAPTA. Report language clarifies that Congressional intent was to direct states to provide the review panels with information that the panel determines is necessary to carry out these functions.

Section 106(d) of CAPTA requires that the citizen review panels develop annual reports and make them available to the public. These reports must be completed no later than December 31st of each year and should, at a minimum, contain a summary of the panel's activities, as well as the recommendations of the panel based upon its activities and findings.

Citizen review panel members are bound by the confidentiality restrictions in section 106(c)(4)(B)(i) of CAPTA. Specifically, members and staff of a panel may not disclose identifying information about any specific child protection case to any person or government official, and may not make public other information unless authorized by state statute to do so.

Keeping Children and Families Safe Act of 2003 amended CAPTA to include the following requirements:

1. Each panel shall examine the practices (in addition to policies and procedures) of the state and local child welfare agencies.
2. Panels shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
3. Each panel shall make recommendations to the state and public on improving the child protective services system.
4. The appropriate state agency is required to respond in writing no later than six months after the panel recommendations are submitted. The state agency's response must include a description of whether or how the state will incorporate the recommendations of the panel (where appropriate) to make measurable progress in improving the state child protective services system. The Arizona Department of Economic Security response to the 2004 Citizen Review Panel Report is included in Appendix A.

Program Structure

The Arizona Department of Health Services, through an interagency service agreement with the Arizona Department of Economic Security, administers Arizona's Citizen Review Panel Program. The Arizona Department of Economic Security is the state agency responsible for the provision of child protection services. During the program's planning stages, it was determined that location of this program outside the Department of Economic Security would be critical to achieve the independence necessary for an effective, objective program. Arizona Department of Health Services provides administrative support and oversees the operation of the program at the state level.

Arizona maintains three panels, which are located in Maricopa, Pima, and Yavapai counties. Appendix B lists the membership of each panel. These panels provide coverage of all counties in Arizona. Panels are responsible for review of Child Protective Service statewide policies, local procedures, pertinent data sources, and individual case records to determine compliance with CAPTA requirements and the State Plan. The State Citizen Review Panel, located in Maricopa County, serves a dual purpose of assessment of Child Protective Services and oversight of the two local panels located in Pima County and Yavapai County.

Panel Activities: December 2004 through November 2005

CAPTA requires that citizen review panels develop annual reports and make them available to the public no later than December 31st of each year. This report reflects activities of the panel between December 1, 2004 and November 30, 2005.

Public Outreach

The Arizona Department of Health Services, Citizen Review Panel website solicits comments from the public on Arizona Child Protective Services. Questions regarding specific cases are directed to the appropriate agency for assistance. Public comments are considered in the development of this report.

Meetings

Each panel met on a more frequent basis than the quarterly requirement. The Pima County Citizen Review Panel met on eight occasions and completed eight case reviews. The Yavapai County Citizen Review Panel met on nine occasions and completed nine case reviews. The State Citizen Review Panel met on eight occasions and completed six case reviews.

Reviewed cases represented eight counties including Coconino County (1 case), Maricopa County (6 cases), Mohave

County (1 case), Navajo County (2 cases), Pima County (7 cases), Pinal County (1 case), Yavapai County (4 cases), and Yuma County (1 case).

Case Record Reviews

The Department of Economic Security provides quarterly lists of all reports that include allegations of fatalities, near-fatalities and high risk that are due to maltreatment to the Citizen Review Panel program. From this list, the program selects cases for review. In addition, the Department of Economic Security may request reviews of specific cases in need of an external review. Cases reviewed for this reporting period must have included a report investigated after July 1, 2004. Reviewed cases include those in which children remain in the family's home and those in which children have been removed by Child Protective Services. Reviewed cases are not meant to be representative of all Child Protective Services cases, but rather an examination of cases of fatalities and near-fatalities and the specific steps followed during the course of an open case. During this reporting period, Arizona Citizen Review Panels completed 23 case record reviews. Fourteen cases involved child fatalities due to maltreatment and 9 cases involved near-fatalities and other high-risk cases of maltreatment.

Case record reviews consist of the assessment of specific activities by Child Protective Services during their involvement with families. Throughout the review, the panel identifies risk factors and determines whether Child Protective Services appropriately addressed these risks when conducting the investigation. Appendix C is the case review form completed by panels to document findings from each review. Upon completion of each review, the panel is asked the key questions of whether state and federal policies were followed and whether the panel recommends any changes in policies and procedures. The results of each review are entered into a database that is maintained by Arizona Department of Health Services.

Case reviews assess the Child Protective Service case in six stages. The stages of review include Intake and Screening, Investigation, Crisis Intervention, Investigative Finding/Determination, Case Plan Implementation, and Case Closure.

The Prior Child Protective Service History section was formally added to the review process this reporting period. Review of prior history with Child Protective Services provides a broader picture of the family and the efforts the agency has made with the family. During this portion of each review the panel assesses prior involvement to determine if safety concerns were adequately addressed and if appropriate services were offered.

The Intake and Screening Stage involves activities performed by the Child Protective Services Child Abuse Hotline. This stage includes the identification of a risk level and the type of maltreatment. The panel reviews the record to determine if the hotline accurately assigned the report and obtained sufficient, available information from the caller. The panel also determines if the hotline assigned the report to the local office in a timely manner and whether law enforcement was properly notified.

The Investigation Stage involves activities performed by Child Protective Service investigators when gathering information to assess the child's immediate safety needs and determining whether a reported or disclosed incident of maltreatment occurred. The panel reviews the record to determine if specific steps were followed during the investigation.

The Crisis Intervention and Safety Assessment Stage involves ensuring the safety of the child. The panel assesses whether or not Child Protective Services accurately assessed the child's safety and adequately responded to safety concerns. This includes assessing the decision that the child could safely remain in the home or that emergency removal was necessary.

The Investigative Finding/Determination Stage refers to the process of classifying a report as substantiated or unsubstantiated based on information collected and analyzed during investigation. At this stage, the panel ascertains if Child Protective Services gathered sufficient information to make a final determination and if that determination is supported by case record documentation. The panel also concludes if relevant consultations and notifications were completed.

The Case Planning and Implementation Stage refers to activities by Child Protective Services to ensure families receive timely, appropriate services designed to address the reasons children entered the child protective service system. The panel has the task of determining whether the plans address both reducing the risk to children and enhancing family functioning. Plans should be based on an accurate family assessment, individualized to family circumstances, and modified as family circumstances change. The panel also explores community involvement with each case.

The Case Closure Stage should occur when the issues that led to the family's involvement with Child Protective Services, or subsequent issues identified by the agency during its involvement with the family, are resolved or significantly improved, or permanency has been achieved. The panel assesses whether risks were sufficiently identified and resolved prior to closure and if the closure was discussed with superiors.

Case Record Review Findings

Child Protective Services received 37,657 reports of alleged maltreatment from December 1, 2004 through November 30, 2005. Of those reports, 37 were fatalities and 16 were designated as near-fatalities. Last year's report recommended that measures be taken to improve the accuracy of tracking investigations involving near-fatalities. Although this year's data shows 16 near-fatalities reported in comparison to six near-fatalities reported in the prior year, this appears to continue to be underreported. Child Protective Services substantiated 27 of the 53 reported cases of fatalities and near-fatalities. Additional reports may be substantiated at a later date as a result of the Child Protective Services appeals process.

The Citizen Review Panel reviewed 23 cases during this reporting period. Records reviewed included maltreatment reports investigated by Child Protective Services between July 2004 and October 2005. The remainder of this report presents information on Citizen Review Panel findings and recommendations to promote improvements within Arizona's child protective services agency.

Appendix D provides the detailed findings from case reviews. The following summarizes the Citizen Review Panel findings for each stage:

Prior Child Protective Service History

Fifteen reviewed cases were open with Child Protective Services prior to the investigation reviewed by the panel. Within these 15 cases there were 54 prior reports.

Panels determined that in eight cases adequate steps were not taken to ensure the safety of the child and that safety concerns were not sufficiently addressed prior to case closure. In these cases, panels identified issues such as the failure to contact relevant sources of information, failure to interview all children in the household, failure to identify and address safety concerns, and failure to obtain records pertaining to the allegations.

Intake and Screening Stage

As in previous years, record reviews identified this stage as a strength of the child protection system. Panels found that actions taken by the Child Protective Services Hotline were complete, accurate, and timely in 22 cases reviewed and disagreed in one case with the hotline's decision to not accept a call as a report.

Investigation Stage

During reviews, panel members assess numerous aspects of each investigation, identifying areas of strength and weakness within the system. Findings from this stage included:

- Records reflected that during the investigation stage, case managers did not comply with existing protocol or policies in 10 out of the 23 cases reviewed. Policies not followed included requirements to contact

known sources of pertinent information, interview all children and parents, and obtain medical, law enforcement, and court records critical to the investigation.

- Other children in the home were interviewed in eight cases, but were not interviewed in six cases.
- Panels determined that of the 20 cases requiring joint investigations with law enforcement, interagency protocols were followed in 14 cases and were not followed in three cases. Panels could not determine if protocols were followed in three cases.
- In 17 of the 23 cases reviewed, Child Protective Services was thorough and accurate when investigating the existence, cause, nature, and extent of maltreatment.
- Necessary medical evaluations were completed in a timely manner in 14 of the 19 applicable cases.
- When appropriate, eight of the nine reported victims were interviewed alone, away from the alleged perpetrator.

Crisis Intervention and Safety Assessment Stage

Ensuring the child's safety is the most critical role of Child Protective Services. Overall, reviews concluded that Child Protective Services fulfilled this role. In 15 cases, panels concluded that adequate steps were taken to ensure the child's safety. In cases in which ample measures were not taken to ensure the child's safety, panels concluded that safety assessments did not identify or address all safety concerns, such as a history of domestic violence, mental illness, and substance abuse. Panels also concluded that risks to medically fragile children were not adequately assessed or monitored. In addition, safety assessments were not consistently completed on all parents or guardians.

Investigative Finding/Determination Stage

Panels concluded that Child Protective Services gathered sufficient information during the course of the investigation in 17 of the 23 cases reviewed; however agreed with the investigative finding in only 13 of the 23 cases. Concerns with this stage include disagreement with unsubstantiated findings, and failure by Child Protective Services to amend the allegation findings that reflect current, accurate facts within the Children's Information Library and Data Source (CHILDS) system. This includes failure to enter correct victim and perpetrator names and failure to enter findings to reflect deaths resulting from the alleged maltreatment that occurred after the hotline report.

Case Planning and Implementation Stage

This stage applied to 18 cases that remained open after the investigation. Panels determined that overall, case planning and ongoing case management activities were appropriate and timely. Panels determined that in 12 cases family needs were adequately addressed within the case plan. In 14 cases the case plan was developed timely and reviewed in accordance with policy, parents or guardians were involved with case planning, and appropriate services were offered. Barriers to providing services included parental incarceration, parental substance abuse, and refusal to participate in services.

Case Closure Stage

Five cases reviewed were closed at the time of the case review. The panels agreed with the decision to close three of the cases. In one case, panel members determined that unresolved risks warranted continued involvement with the family by Child Protective Services. Panels expressed concerns about case closures from investigations that occurred prior to the report involving fatal or near-fatal maltreatment. Concerns included the failure to conduct thorough investigations and resolve safety concerns before closure.

Family Risk Factors

Throughout the review, panel members identify specific risk factors for each case. As a result of this process, panels are able to determine if Child Protective Services adequately identified and resolved risks contributing to the maltreatment. Lack of parenting skills, substance abuse, and lack of parental motivation were the most prevalent factors for reviewed fatalities, near-fatalities, and high-risk cases. Below are the risk factors identified in the reviews. The items on this list are not mutually exclusive and more than one factor may be noted for a

single case.

▪ Lack of parenting skills	20
▪ Substance abuse	18
▪ Lack of motivation to provide adequate care	15
▪ Lack of physical or mental ability to provide adequate care	12
▪ Domestic violence	12
▪ Mental health problem	12
▪ Anger control problem	12
▪ Lack of resources for adequate food/shelter/medical care/childcare	10
▪ Violence by parent/guardian outside of home	6
▪ Prior substantiated reports	5
▪ Teen Parent	3
▪ Prior removals by CPS or severance of parental rights	2
▪ Prior child death	1

At the conclusion of case reviews, panels were asked to determine if state and federal policies were followed. During this reporting period, panels concluded that state and federal policies were followed in eight cases. This is a significant decrease from the last reporting period, during which panels determined that policies were followed in 17 out of the 23 cases reviewed.

Child Protective Services has made efforts to improve the quality of investigations and ongoing case management through the development and enhancement of policies and procedures. Specifically noted were policies regarding safety assessments, risk assessments, clinical reviews, peer reviews and critical thinking. The finding that policies were not followed in the majority of cases reviewed suggests there may be barriers to successful policy implementation that need to be identified.

Several cases demonstrated exceptional efforts, case management and supervisory skills. The panel concluded that the supervisor's role was critical in cases displaying exemplary work. Supervisory review and guidance were well documented in these cases. As a result, the panel decided to include acknowledgement of exceptional work by supervisors with this year's commendations. The Citizen Review Panel sent letters of commendation to case managers and supervisors of seven cases.

Recommendations

All findings and recommendations from the 23 cases reviewed were considered in determining the recommendations. The Citizen Review Panel respectfully submits the following recommendations to the Department of Economic Security, Division of Children, Youth, and Families (DCYF):

1. DCYF should develop policy requiring that during investigations, in which the alleged perpetrator is the non-custodial parent, a safety assessment be completed on both parents' homes and the non-custodial parent be interviewed in person.
2. Child Protective Services investigators should obtain and review relevant documents and records prior to the conclusion of the investigation. This includes the child's medical records, court documents such as protection orders and court-ordered supervised visitation, and law enforcement reports of domestic violence. DCYF should develop strategies to increase compliance with policy that currently addresses this issue.
3. Child Protective Services investigators should contact all known sources of information relevant to the investigation. DCYF should develop strategies to increase compliance with policy that currently addresses this issue.
4. DCYF should develop policy that directs staff to obtain second opinions when a physician is non-committal about the cause of a suspicious injury.
5. Preconceived assumptions as to the validity of an allegation should never be made prior to a thorough investigation. This is a particular concern when there is an appearance of a custody dispute. DCYF should include this topic within initial Child Protective Services training.
6. DCYF should implement training for Child Protective Services case managers and supervisors on assessing risks to children with special medical needs, such as children with chronic health conditions, substance-exposed infants, premature infants, and health concerns resulting from injury.
7. Local Child Protective Services offices and law enforcement should meet periodically to promote effective joint investigations.
8. The Citizen Review Panel supports the establishment of a national child abuse registry, as a tool to strengthen states' child protection efforts.
9. Ninety percent of cases reviewed by the panel involved parental or caretaker substance abuse. Methamphetamine use often creates a hazardous environment and in 30 percent of the cases reviewed, directly contributed to the child's death or near-fatal maltreatment. The Citizen Review Panel commends efforts by Child Protective Services to address the devastating impact of this drug, but also recommends additional training be provided to case managers on the assessment and management of maltreatment cases complicated by parental methamphetamine abuse.

Citizen Review Panel Objectives for 2006

The following includes the Citizen Review Panel's objectives for 2006:

1. In 2006 the Citizen Review Panel will continue to review Child Protective Services' cases involving reports of fatal and near fatal maltreatment.
2. Throughout this reporting period, the Citizen Review Panel provided informal feedback to the local Child Protective Services offices and the state administration as needed. Child Protective Services and the Citizen Review Panel program have formalized a plan for 2006 to provide feedback on concerns and trends identified during reviews to local Child Protective Services offices. This plan includes:

- a. The addition of local Child Protective Services Practice Improvement Specialists to each panel. This individual will utilize information obtained in the reviews to improve practices in their districts, as well as provide feedback to the District Program Managers within Child Protective Services.
 - b. The Citizen Review Panel will provide quarterly updates to the District Program Managers and the Division of Children, Youth, and Families administration. Situations that appear to require immediate attention will be immediately addressed.
 - c. The Citizen Review Panel will be invited to participate in Child Protective Services high profile staffings.
 - d. The Citizen Review Panel will identify cases that are examples of both superior and problematic casework to be used for training purposes.
3. The Citizen Review Panel will examine efforts by the Department of Economic Security to improve staff retention within Child Protective Services and form recommendations to enhance these efforts.
4. The Citizen Review Panel will develop a plan with the Department of Economic Security to assist with reviews of draft policy and procedural changes.
5. In 2006 the Citizen Review Panel will assess the impact and implementation of previous years' recommendations to the Department of Economic Security.

Appendix A: Agency Response to Citizen Review Panel's 2004 Recommendations

Recommendation 1: During the course of an investigation, an interpreter should never be a child, a member of the family, an acquaintance of the family, or have an interest in the outcome. The Citizen Review Panel recommends development of policy regarding the use of interpreters, including selection of appropriate interpreters.

Response: The department agrees that whenever possible, a child, family member or acquaintance should not be used as an interpreter during an investigation. The efforts to improve the ability for CPS to communicate with non-English speaking families will continue through recruitment of bilingual staff. In SFY 2004, 191 CPS employees were certified as bilingual in Spanish, Navajo, or Hopi. These individuals receive a stipend for conducting or assisting with investigations on cases involving non-English speaking families.

Additional policy and practices are in place to assist CPS staff determine when the services of an interpreter or bilingual staff may be required. DCYF policy contains guidelines to consider when preparing to respond to a report, including the need for an interpreter.

In an effort to alert CPS staff that an interpreter may be needed to assist on an investigation, Hotline staff asks all reporting sources about the family's primary language, and includes this information in the CPS report. There are times when the reporting source does not have this information and a CPS Specialist is not aware, prior to responding to the report that an interpreter, will be needed. If the CPS Specialist does not speak the family's language, it may be necessary to utilize someone in the home to briefly inform the family that a CPS report has been received and make arrangements for an interpreter. The case is generally reassigned to a bilingual staff person if the CPS Specialist does not speak the family's language, or arrangements are made for an interpreter.

Recommendation 2: It is critical to consider the family's history of reports, both substantiated and unsubstantiated, when assessing the safety of children. This recommendation was made in 2001, but continues to be a concern during reviews. The Citizen Review Panel recommends that this step be emphasized in case management training and assessed during supervisory reviews or other quality assurance reviews of investigations.

Response: The department agrees that an assessment of child safety and risk of harm must include a review and consideration of the family's prior CPS history regardless of the investigation finding. The DCYF has implemented the following methods to emphasize the importance of reviewing a family's previous history of child abuse and neglect:

- Provision of training to case managers and supervisors by the Child Welfare Training Institute (CWTI) on policies for reviewing prior CPS history and the importance of considering such information in decision making.
- Requiring sufficient information to be gathered in all cases including the review of prior CPS history. When completing the Strengths and Risks Assessment, specific questions about prior history of child abuse and neglect are discussed with the family and this information is considered in determining a level of risk and need for continued intervention or services.
- Use of the clinical supervision process to identify cases in which there is prior CPS history and if so, if previous investigation outcomes have been reviewed to assess causes for repeated reports. This process provides an opportunity for the supervisor to provide oversight and training to their staff.

CPS Specialists are currently required to document in CHILDS when a review of prior CPS reports, medical, psychological, educational records, and police reports has been conducted. Additional documentation of the review of prior history may be explained by the case manager in written case notes.

Recent access to the CHILDS database by the Citizen Review Panels will enable the Panels to view information. Access was accomplished through a data sharing agreement which should facilitate the Panels' review of cases and provide an ability to view activities that are documented in windows as well as contacts and investigative case notes.

Recommendation 3: Complex investigations, including those involving families with numerous prior reports, may require the assistance of multidisciplinary teams. The Citizen Review Panel recommends development of multidisciplinary teams for guidance in investigations.

Response: The department agrees that during complex investigations, assistance and guidance from multidisciplinary teams as well as other existing resources is valuable. This case consultation is available through various mechanisms. Currently four multidisciplinary teams, supported by Children's Services and CAPTA funding, are functional within four ACYF Districts. These multidisciplinary teams are available statewide for case consultation.

CPS staffs also obtain consultation and guidance during investigations through case reviews with Child and Family Teams, staff at child advocacy centers, and, in some districts, through participation in weekly staffings with hospital social workers and physicians, and coordination with other professionals who are co-located with CPS staff including mental health professionals.

Recommendation 4: Panels noted disparities in the quality of investigations in some areas of the state that have infrequent high-risk reports. The Citizen Review Panel recommends that a consultation procedure be established to assist in the investigation of high-risk cases, particularly in areas that may have infrequent high-risk reports such as fatalities and near-fatalities.

Response: The department does not agree with the development of a statewide consultation procedure. DCYF currently has written protocol for the review of high profile cases that includes high-risk reports. Additional processes are in place to assist staff including the ability to utilize district operating procedures, multidisciplinary teams and case consultation with staff as necessary. The DCYF is exploring the option of identifying staff, with expertise in investigating high-risk reports, being available to provide the recommended case consultation.

Recommendation 5: In order to obtain an accurate medical assessment of maltreatment, it is critical to provide available information, including history of prior injuries, medical history, and information regarding prior history of maltreatment to physicians. It is recommended that case managers routinely provide physicians with available history of prior injuries, suspected maltreatment, and medical histories.

Response: The department agrees that provision of all available information regarding a child's history to physicians is critical to assist in making an accurate medical assessment. DCYF policy directs staff to gather specific information about the child including prior history, medical information and obtaining medical examinations. DCYF will further clarify policy to ensure that all relevant information is provided to the medical provider, and this activity be documented in the case record.

Recommendation 6: During the reporting period, only six investigations by Child Protective Services were identified as cases involving near-fatalities, compared to 26 cases involving fatalities. A "near-fatality" is defined in CAPTA under section 106 (b)(4)(A) as ". . . an act that, as certified by a physician, places the child in serious or critical condition." The panel recommends that measures be taken to improve the accuracy of tracking investigations involving near-fatalities.

Response: The department agreed that staff needed to be reminded of the necessity to identify and track cases that meet the CAPTA definition of a "near-fatality" and to document such cases in CHILDS. On April 15, 2005, DCYF sent a clarification email to all CPS staff regarding this CAPTA provision, guidelines to assist in determining when a case may be a "near-fatality" and requirements for obtaining a statement from a physician.

Recommendation 7: Valid assessments of family support, resources, and risk factors are essential for effective case planning. The Citizen Review Panel recommends development of policy requiring the use of tools describing the nature of relationships among family members and between families and their communities, such as a genogram or an ecomap. Due to constraints in resources, the panel limits this recommendation to reports involving high risk maltreatment.

Response: The department does not agree with implementing the use of these tools at this time due to recent implementation of the Child Safety Assessment and Strengths and Risks Assessment tools. The Family - Centered Strengths and Risks Interview Guide and Documentation Guide requires staff to gather information about the various domains of a family's life including the parent's relationship with various family members and their community. As the use of tools such as genograms or ecomaps may be helpful in gathering additional information about the relationships among family members and their community, DCYF will review existing contracts with direct service providers such as Family to Family and Family Preservation to include the completion of such tools by the service provider.

Recommendation 8: When there is a violation of a safety plan, a case should remain open until there is adequate assurance that the safety plan is followed. Safety plans that have been violated should be revised following a new safety assessment taking into account the nature and severity of the violation, as well as the likelihood of compliance.

Response: The department agrees with this recommendation, and the recommendation supports current policy to conduct a Child Safety Assessment whenever evidence or circumstances suggest that a child's safety may be in danger. This includes a violation of a Safety Plan. State policy requires staff to offer/provide services to ensure the child's safety. The case remains open during service provision. The department will send a "policy clarification" email to CPS reminding staff to ensure that children are safe prior to closing a case and reminding staff of the statutory requirement to offer/provide services in these cases. The department will also ensure that this policy requirement is re-enforced through Case Manager CORE curriculum.

Recommendation 9: When investigations involve a relative that assumes custody of a child, the relative's needs should be thoroughly addressed, particularly the need for grief therapy when there is a death.

Response: The department agrees with this recommendation and has implemented Kinship Care policy that is consistent with current statutes requiring the provision (through existing means or referrals) specified non-financial services to Kinship Care providers. Relatives who assume custody are involved in case planning and are assisted in obtaining the following services:

- Family assessment, case management, child day care, housing search and relocation, parenting skills training, supportive intervention and guidance counseling, transportation, emergency services, parent aid services, respite services, and additional services that the department determines are necessary to meet the needs of the child and family which would include grief therapy when identified as a needed service.

Recommendation 10: Risk assessments should be completed before closure of Family Preservation services. When Family Preservation identifies additional needs or safety concerns, these should be included in their plan, rather than addressing only initially identified needs.

Response: This recommendation has been implemented. Family Preservation providers are trained on the department's revised Child Safety Assessment, and Family-Centered Strengths and Risks Assessment tools and protocols. These tools are currently utilized to identify safety or risks concerns to be addressed during the provision of services to the family and at the closure of a case. These assessments are to be provided to CPS for inclusion in the case record.

Recommendation 11: Panels identified cases in which child maltreatment was not accurately diagnosed during treatment at hospital emergency rooms and the children subsequently died as the result of maltreatment. Providing this feedback to hospital quality improvement committees could improve hospital response to maltreatment.

The Citizen Review Panel recommends development of a mechanism to notify hospitals that a child has died due to maltreatment, if the hospital was known to have previously provided care for possible maltreatment to that child.

Response: DCYF will meet with members of the state Citizen Review Panel to explore possible methods to assist the Citizen Review Panel accomplish this recommendation. The Citizen Review Panel requires the department's involvement as the Panel does not have the statutory authority to release CPS information about a child fatality to hospital review committees that could be essential in educating hospital staff.

Appendix B: Panel Members

STATE CITIZEN REVIEW PANEL

Chair:

Mary Ellen Rimsza, M.D. FAAP, Chairperson
Center for Health Information and Research
L Wm Seidman Research Institute
W.P. Carey School of Business
Arizona State University

Members:

Cindy Copp
ADES/Administration for Children, Youth &
Families

Dyanne Greer, J.D.
U. S. Attorney's Office

Dave Graham
ADES/Administration for Children, Youth &
Families

Linda Johnson
ADES/Administration for Children, Youth &
Families

Simon Kottoor
Sunshine Group Home

William N. Marshall Jr., M.D.
University of Arizona College of Medicine
Department of Pediatrics

Nancy Logan
Attorney General's Office

Evelyn Roanhorse
Bureau of Indian Affairs

Beth Rosenberg
Children's Action Alliance

Rebecca Ruffner
Prevent Child Abuse, Inc.

Ivy Sandifer, M.D.
Physician

Ellen Stenson
Ombudsman's Office

Katrina Taylor
Public Representative

Chuck Teegarden
Pinal County Attorney's Office

Roy Teramoto, M.D.
Indian Health Services

Natalie Miles Thompson
Crisis Nursery

Princess Lucas-Wilson
ADES/Division of Developmental Disabilities

Staff:

Susan Newberry, Manager

Therese Neal, Local Team Manager

Teresa Garlington, Administrative Secretary

PIMA COUNTY CITIZEN REVIEW PANEL

Chair:

William N. Marshall, Jr., M.D.
University of Arizona
College of Medicine, Department of Pediatrics

Coordinator:

Zoe Rowe

Members:

Michelle Araneta
Pima County Attorney's Office

Jill Baumann
CASA, Pima County Juvenile Court

David Braun
Office of the Attorney General

Diane Calahan
SO Arizona Children's Advocacy Center

Christopher Corman
Foster Care Review Board
Arizona Supreme Court

Lori Groenewold, M.S.W.
Children's Clinics for Rehabilitation Services

Patrice Herberholz, RN, BA
Never Shake a Baby Arizona
Prevent Child Abuse Arizona

Karen Ives
Wee Care Baby Proofing

Karen Kelsch
Pilot Parents of Southern Arizona

Linda Luke
Pima County Attorney's Office

Joan Mendelson
Attorney

Carol Punske, M.S.W.
ADES/Administration for Children, Youth &
Families

YAVAPAI COUNTY CITIZEN REVIEW PANEL

Chair:

Rebecca Ruffner
Prevent Child Abuse Arizona

Members:

Bill Hobbs
Yavapai County Attorney's Office

Michael James
Court Appointed Special Advocate

P. J. Janik
Prescott Valley Police Department

Dawn Kimsey
ADES/Administration for Children, Youth &
Families

Rodney Lewis
ADES/Administration for Children, Youth &
Families

Bonnie Mari
Yavapai Regional Medical Center

Shane Reed
Yavapai County Attorney's Office

Mary Ellen Sandeen
Yavapai Regional Medical Center

Appendix C: Citizen Review Panel Data Form

CASE ID # _____

DATE OF REVIEW _____

FAMILY MEMBERS

Relationship	DOB	Gender	Race	Role	Residence Type	County/State

REPORT HISTORY:

of CPS Reports on Family _____; Number of prior substantiated reports on family _____

Date of initial report: _____; Date of most recent report: _____;

Report Date	Perpetrator	Victim	Allegation	Risk	Finding

Allegations: _____

PRIOR CPS HISTORY

Were there previous reports investigated by CPS? ☐ Yes ☐ No (If yes, answer remaining questions on this page.)

1. Were adequate steps taken to ensure the safety of the child(ren) during previous investigations? ☐ Yes ☐ No

Comments: _____

2. Was a safety assessment done and acted upon during previous assessments? ☐ Yes ☐ No

Comments: _____

3. Were safety concerns adequately identified and addressed prior to case closures?

☐ Yes ☐ No

Comments: _____

4. Were appropriate services offered previously? ☐ Yes ☐ No

Comments: _____

STAGE 1: INTAKE AND INITIAL SCREENING

Recommendations/Comments on Intake/Initial Screening

Consider Hotline's response to report, including accuracy and timeliness.

STAGE 2: INVESTIGATION

1. Were interagency protocols followed? ☐Yes ☐No ☐N/A ☐Unk
2. Thoroughness and accuracy of the investigation;
 - A. Did the investigation address the required areas of:
 - i. The existence, cause, nature and extent of child maltreatment? ☐Yes ☐No ☐Unk
 - ii. The existence of previous injuries? ☐Yes ☐No ☐N/A ☐Unk
 - iii. Identity of the person responsible for the maltreatment? ☐Yes ☐No ☐N/A ☐Unk
 - iv. Names and conditions of other children in the home? ☐Yes ☐No ☐N/A ☐Unk
 - v. The environment where the child resides? ☐Yes ☐No ☐N/A ☐Unk
 - B. Were necessary medical evaluations completed in a timely manner?
 4. ☐Yes ☐No ☐N/A ☐Unk
 - C. Were necessary psychological evaluations completed in a timely manner?
 5. ☐Yes ☐No ☐N/A ☐Unk
 - D. Completion and thoroughness of interviews:
 - i. Were parents, caregivers and the alleged abusive person interviewed?
☐Yes ☐No ☐N/A ☐Unk
 - ii. Was the alleged victim interviewed alone, away from the presence of the alleged abusive person? ☐Yes ☐No ☐N/A ☐Unk
 - iii. Were other children in the home interviewed? ☐Yes ☐No ☐N/A ☐Unk
 - iv. Does the case record reflect compliance with policy? ☐Yes ☐No ☐Unk
 - v. Was the reporting source or others with knowledge of the maltreatment contacted and interviewed by the investigator? ☐Yes ☐No ☐N/A ☐Unk
3. Recommendations/Comments on Investigation Stage:

STAGE 3: CRISIS INTERVENTION AND SAFETY ASSESSMENT

1. Were immediate and adequate steps taken to ensure the safety of the child(ren)?

☐ Yes ☐ No ☐ N/A ☐ Unk

2. Did the safety assessment adequately address all safety concerns? ☐ Yes ☐ No ☐ N/A ☐ Unk

3. Was the safety assessment acted upon? ☐ Yes ☐ No ☐ N/A ☐ Unk

4. Was prior involvement by CPS with the family adequately considered?

☐ Yes ☐ No ☐ N/A ☐ Unk

5. Was a risk assessment completed? ☐ Yes ☐ No ☐ N/A ☐ Unk

6. Comments on Crisis Intervention, Safety Assessment:

STAGE 4: INVESTIGATION FINDINGS/ DETERMINATION

1. Was sufficient information gathered to make a final determination of the finding?

☐ Yes ☐ No ☐ N/A ☐ Unk

2. Did the case record document support the finding (for example: substantiated, proposed substantiation or unsubstantiated)? ☐ Yes ☐ No ☐ N/A ☐ Unk

3. Comments on Report Findings/Determination Stage:

STAGE 5: CASE PLANNING AND CASE PLAN IMPLEMENTATION

1. Was the case plan developed timely and reviewed periodically in accordance with ACYF policy? ☐ Yes ☐ No ☐ N/A ☐ Unk

2. Were the following persons involved with the planning process:

A. Parents/guardians? ☐ Yes ☐ No ☐ N/A ☐ Unk

B. Child(ren)? ☐ Yes ☐ No ☐ N/A ☐ Unk

C. Other relatives? ☐ Yes ☐ No ☐ N/A ☐ Unk

D. Other team members? ☐ Yes ☐ No ☐ N/A ☐ Unk

3. Were needs of the family adequately identified and addressed in the case plan, including modifications to reflect progress or other changes in needs? ☐ Yes ☐ No ☐ N/A ☐ Unk

4. Was a range of services offered to the family to promote reunification or permanent placement outside the home? ☐ Yes ☐ No ☐ N/A ☐ Unk

5. Were there barriers to obtaining services? ☐Yes ☐No ☐N/A ☐Unk
6. Were timely, meaningful contacts made with the child(ren) and parent(s)?
☐Yes ☐No ☐N/A ☐Unk
7. Was the content/purpose of the contact or visit reflected in the records?
☐Yes ☐No ☐N/A ☐Unk
8. Comments on Case Planning Stage:

STAGE 6: CASE CLOSURE (Answer if the case was closed at the time of review.)

1. Were issues identified in the risk and safety assessment sufficiently resolved prior to case closure? ☐Yes ☐No
☐N/A ☐Unk If no, answer A and B.

A. List risks/safety issues: _____

B. Were these issues severe enough to warrant further involvement with CPS?
☐Yes ☐No ☐N/A ☐Unk
2. Did the Panel agree with the decision to close the case? ☐Yes ☐No ☐N/A ☐Unk
3. Comments on Case Closure Stage: (In addition to the above questions, consider if prior to closure this decision was discussed with the family, and if clear instructions were provided to family members on any follow-up issues or actions to take if safety concerns return?)

FAMILY RISK FACTORS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> History of violence outside of home | <input type="checkbox"/> Lack of parenting skills |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Lack of physical or mental ability to provide adequate care | <input type="checkbox"/> Lack of resources for adequate food/shelter/medical care/childcare |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Lack of anger control | <input type="checkbox"/> Teen Parent |

<input type="checkbox"/> Prior child death	<input type="checkbox"/> Prior removals by CPS or severance of parental rights	_____
<input type="checkbox"/> Lack of motivation to provide adequate care	<input type="checkbox"/> Prior substantiated reports	_____
	<input type="checkbox"/> Other	

CASE REVIEW FINDINGS:

1. Were State/Federal policies followed? ☐ Yes ☐ No

Comments: _____

2. Based upon this review, does the panel recommend any changes in policies and procedures?

☐ Yes ☐ No

Comments: _____

Appendix D: Case Review Findings

Prior CPS History	Yes	No	Unknown	N/A
1. Were there previous reports investigated by CPS?	14	9	0	0
2. Were adequate steps taken to ensure the safety of the child(ren) during previous investigations?	6	8	0	0
3. Was a safety assessment done and acted upon during previous assessments	6	8	0	0
4. Were safety concerns adequately identified and addressed prior to case closures?	8	6	0	0
5. Were appropriate services offered previously?	9	5	0	0
Stage 2: Investigation	Yes	No	Unknown	N/A
1. Were interagency protocols followed?	14	3	3	3
2. Thoroughness and accuracy of the investigation				
A. Did the investigation address the required areas of:				
The existence, cause, nature and extent of child maltreatment?	17	6	0	0
The existence of previous injuries?	11	3	2	7
Identity of the person responsible for the maltreatment?	20	3	0	0
Names and conditions of other children in the home?	13	5	0	5
The environment where the child resides?	15	6	1	1
B. Were necessary medical evaluations completed in a timely manner?	14	3	2	4
C. Were necessary psychological evaluations completed in a timely manner?	7	7	5	4
6. D. Completion and thoroughness of interviews:				
7. Were parents, caregivers and the alleged abusive person interviewed?	17	4	1	1
8. Was the alleged victim interviewed alone, away from the presence of the alleged abusive person?	8	1	0	14
9. Were other children in the home interviewed?	8	6	0	9
10. Does the case record reflect compliance with the	13	10	0	0

protocol or policy?				
11. Was the reporting source or others with knowledge of the maltreatment contacted and interviewed by the investigator?	16	5	2	0
12. Stage 3: Crisis Intervention, Safety Assessment	Yes	No	Unknown	N/A
13. 1. Were immediate and adequate steps taken to ensure the safety of the child(ren)?	15	6	0	2
14. 2. Did the safety assessment adequately address all safety concerns?	14	5	2	2
15. 3. Was the safety assessment acted upon?	14	3	1	5
16. 4. Was prior involvement by CPS with the family adequately considered?	11	2	2	8
17. 5. Was a risk assessment completed?	18	4	0	1
18. Stage 4: Investigation Findings/Determination	Yes	No	Unknown	N/A
19. 1. Was sufficient information gathered to make a final determination of the finding?	17	6	0	0
20. 2. Did the case record document support the finding?	13	9	1	0
21. Stage 5: Case Planning, Case Plan Implementation	Yes	No	Unknown	N/A
22. 1. Was the case plan developed timely and reviewed periodically in accordance with ACYF policy?	14	4	0	0
23. 2. Were the following persons involved with the planning process?				
24. A. Parents/guardians	14	1	2	1
25. B. Children	3	1	2	12
26. C. Other relatives	11	2	3	2
27. D. Other team members	9	2	2	5
28. 3. Were needs of the family adequately identified and addressed in the case plan, including modifications to reflect progress or other changes in needs?	12	4	1	1
29. 4. Was a range of services offered to the family to promote reunification or permanent placement outside the home?	14	2	2	0
30. 5. Were there barriers to obtaining services?	7	9	2	0

31. 6. Were timely, meaningful contacts made with the children and parents?	11	5	2	0
32. 7. Was the content/purpose of the contact or visit reflected in the records?	12	5	1	0
33. Stage 6: Case Closure	Yes	No	Unknown	N/A
34. 1. Were identified risks sufficiently resolved prior to case closure?	4	1	0	0
35. A. If yes were these risks severe enough to warrant further involvement with CPS?	1	0	0	0
36. 2. Did the Panel agree with the decision to close the case?	3	2	0	0

To obtain further information, contact:

Susan Newberry
Child Fatality Review
Office of Women's and Children's Health
150 N. 18th Avenue, Suite 320
Phoenix, AZ 85017-3242
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Information about the Arizona Citizen Review Panel may be found on the Internet through the Arizona Department of Health Services at:

<http://www.azdhs.gov/phs/owch/crp.htm>

This publication can be made available in alternative format. Please contact the Child Fatality Review Unit at (602) 542-1875 (voice) or call 1-800-367-8939 (TDD).

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Agency Response to Citizen Review Panel's 2005 Recommendations

The Division of Children, Youth and Families, DCYF has reviewed the 2005 report submitted by the Citizen Review Panel. The following responses to the recommendations are provided to the Citizen Review Panel Program.

Recommendation 1: DCYF should develop policy requiring that during investigations, in which the alleged perpetrator is the non-custodial parent, a safety assessment be completed on both parents' homes and the non-custodial parent be interviewed in person.

Response: The Department agrees that all parties subject to the report should be interviewed as required by DCYF policy. The Department has included this recommendation in the current policy revisions which will be available to staff online when the policy manual is deployed in July. The Department will also communicate this clarification CPS staff via administrative directive and integrate the change into the Case Manager CORE curriculum

Recommendation 2: Child Protective Services investigators should obtain and review relevant documents and records prior to the conclusion of the investigation. This includes the child's medical records, court documents such as protection orders and court-ordered supervised visitation, and law enforcement reports of domestic violence. DCYF should develop strategies to increase compliance with policy that currently addresses this issue.

Response: The Department agrees with this recommendation. Current policy requires all records relevant to the investigation be gathered and considered during the investigation and prior to closure.

Frequently, the CPS Specialist conducting an investigation is also responsible for obtaining and reviewing all relevant documents. Some records are readily available, while others such as orders of protection, court orders for supervised visitation, autopsy reports, and medical or psychological records are more difficult to obtain in a timely manner. The recent addition of trained case aides who are able to assist in gathering this information, is helping relieve case managers of this task.

The Department has also been working to develop and enhance partnerships with domestic violence advocates who will be able to provide information regarding the family's domestic violence issues. The Department will explore the feasibility of establishing a pilot protocol with a County Superior Court that will facilitate access to Domestic Relations court records by local CPS Office staff.

Recommendation 3: Child Protective Services investigators should contact all known sources of information relevant to the investigation. DCYF should develop strategies to increase compliance with policy that currently addresses this issue.

Response: The Department agrees with this recommendation which is supported by current policy. Department policy directs the CPS Specialist to contact all persons including the reporting source who may have information concerning the family circumstances and current allegations. Frequently, the source is anonymous or does not provide contact information. In reports where the source contact information is known, case managers should make every effort to contact the source.

While this policy and the importance of this policy is integrated in the Case Manager CORE training and administrative and clinical supervision functions, the Department, in consultation with field staff (District Program Managers, CPS Supervisors/Specialists, and Practice Improvement Specialists) will develop additional strategies to improve compliance with this policy

Recommendation 4: DCYF should develop policy that directs staff to obtain second opinions when a physician is non-committal about the cause of a suspicious injury.

Response: The Department's current policy requires staff to review all conflicting medical opinions within 48 hours with a Multidisciplinary Team (including a physician), or to base intervention on the most serious diagnosis if a Multidisciplinary Team is not available. The Department agrees to review (and augment) this policy with a focus on efficacy in resolving cases involving suspicious injury. If this policy is found to be inadequate, the Department will explore the feasibility of contracting with a medical provider, who is recognized as an expert in the diagnosis of child abuse and neglect, to provide a second opinion in these relatively few cases and to make this expertise available to field staff.

Recommendation 5: Preconceived assumptions as to the validity of an allegation should never be made prior to a thorough investigation. This is a particular concern when there is an appearance of a custody dispute. DCYF should include this topic within initial Child Protective Services training.

Response: The Department agrees with this recommendation and will review its current curricula to ensure that this topic is sufficiently covered. The Department agrees that every report of child abuse and neglect should be thoroughly investigated and the outcome of the investigation reviewed by the supervisor prior to a decision regarding an investigative finding. The investigation should also include a comprehensive family centered assessment of strengths and risks that place the child at risk of harm.

Case Manager and Supervisor CORE training focuses on thorough assessments, and the use of the Child Safety Assessment and the Strengths and Risks Assessment. Staff are also instructed regarding the impact of their personal biases, personal values and personal opinions on case decisions. Specifically, trainees are instructed to gather sufficient information upon which to make a decision regarding the validity of the report and, if information is unknown, to continue to gather information to accurately assess the needs and strengths of each family.

Custody issues receive special emphasis in the Hotline Criteria curriculum. It is stressed that, although some families may use CPS for retaliation and make false reports, case managers must use their interview and assessment skills to obtain information to accurately assess the needs and strengths of the family and to determine the validity of the allegation.

Continued training in family centered assessments, application of critical decision making at management and unit meetings, and the use of supervision circles are being deployed to enhance the quality of CPS investigations and critical decision making during the investigation and throughout the life of the case.

Recommendation 6: DCYF should implement training for Child Protective Services case managers and supervisors on assessing risks to children with special medical needs, such as children with chronic health conditions, substance-exposed infants, premature infants, and health concerns resulting from injury.

Response: The Department agrees that advanced training in risk assessments of children with special needs should be included in the Department's overall case manager/ supervisor training

The Child Welfare Training Institute (CWTI) will consult with DDD trainers regarding curriculum on the assessment of the special medical needs of vulnerable children in the case manager CORE training.

CWTI will contact CMDP to identify local, specialized medical practitioners who may be able to provide information or advanced training on safety and risk issues for this group of children.

Recommendation 7: Local Child Protective Services offices and law enforcement should meet periodically to promote effective joint investigations.

Response: The Department agrees that collaboration and communication is essential in the investigation and prosecution of child abuse and neglect. CPS staff welcome and will continue to seek out opportunities to collaborate with law enforcement.

The Counties have used the recommendations developed by the Arizona Children's Justice Task Force (CJTF) for Multidisciplinary Protocols in the development of their protocols for joint investigations. The CJTF did not address periodic meetings between law enforcement and Child Protective Services; however, to ensure ongoing communication and collaboration between law enforcement and CPS, the Counties did incorporate CJTF recommendations for ongoing notification of case status across agencies and sharing of information in their protocols.

Recommendation 8: The Citizen Review Panel supports the establishment of a national child abuse registry as a tool to strengthen states' child protection efforts.

Response: While not directed towards the Department, the Department clearly supports this recommendation. A national registry of child abuse and neglect would enable states to immediately access information that could be critical to an investigation. Information available through such a registry would aid our efforts to protect and treat child abuse and neglect.

Recommendation 9: Ninety percent of cases reviewed by the panel involved parental or caretaker substance abuse. Methamphetamine use often creates a hazardous environment and in 30 percent of the cases reviewed, directly contributed to the child's death or near-fatal maltreatment. The Citizen Review Panel commends efforts by Child Protective Services to address the devastating impact of this drug, but also recommends additional training be provided to case managers on the assessment and management of maltreatment cases complicated by parental methamphetamine abuse.

Response: The Department agrees with this recommendation. During the past year, the Department has been proactive in encouraging staff to participate in substance abuse/use trainings, teleconferences and workgroups that include experts in this area. Some of the trainings and related opportunities include:

Methamphetamine Task Force

The Department facilitated a task force that is examining the methamphetamine impact on the Arizona child welfare. A panel of experts from substance abuse organizations, behavioral health agencies, universities and others has been convened to improve the child welfare response to families impacted by methamphetamine. Documents from this group will make improvements to the child welfare training, and policy and practice. The Task Force expects to present specific research based models for providing services to methamphetamine involved families when the family remains in tact together and for those cases where removal of a child.

Statewide training on Methamphetamine

The Department is providing leadership and coordination in statewide training on methamphetamine by experts in the field. Training in multiple locations (25) across the state commenced in March and is expected to further develop and strengthen our CPS response. This training will be instrumental in increasing our awareness of the consequences of methamphetamine abuse in addition to building our skills in engaging and providing intervention for these seemingly difficult clients.

Arizona Methamphetamine Conference - *A Call to Action Addressing the Meth Crisis in Arizona*, held February 13th and 14th was sponsored by the both the Governor and Office of the Attorney General. The Conference was attended by 35 Department staff.

The purpose of the multidisciplinary program was to bring together experts in order to address the meth crisis from a public policy and community action perspective. Effective prevention, prosecution and treatment efforts were highlighted. In addition to general session attendees, 22 community coalitions were convened to assist local communities to develop the most effective environmental prevention strategies.

By the end of this training, participants were able to:

- Describe patterns of methamphetamine use, abuse, and dependence;
- Describe the impact of methamphetamine use on children and families;
- Describe appropriate responses by child safety workers to methamphetamine use;
- Demonstrate confidence and ability to intervene effectively in situations where methamphetamine dependence is suspected or discovered, and
- Demonstrate confidence and ability to monitor and participate in a family's recovery process.



Terry Goddard
Attorney General

Office of the Attorney General
State of Arizona

Protective Services
Section

June 12, 2006

Dennis Winter, Manager
US DHHS ACY, Self Sufficiency Unit,
50 United Nations Plaza
San Francisco, California 94102

RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws

Dear Mr. Winter

The Office of the Arizona Attorney General has reviewed the child welfare law changes that were made during the regular legislative session of 2005, and became effective in August 2006. There were very few changes that affected child welfare and none of the statutory changes impacted CAPTA eligibility.

The major substantive statutory changes in the 2005 session in the child welfare area are as follows:

Emancipation (House Bill 2428, A.R.S. § 12-2451): The Emancipation statute allows for minors who wish to be emancipated to file a petition with the court if the minor is at least 16 years of age, is a resident of Arizona, is financially self-sufficient, if the minor acknowledges in writing that he/she understands the rights and obligations of an emancipated minor based on information provided by the court, and the minor is not a ward of the court and is not in the care, custody and control of a state agency. The restriction on foster children filing a petition for emancipation serves to protect those minors who are dependent children from becoming emancipated but not being able to provide for their own needs. The requirements that a minor be financially self sufficient and fully understanding of the rights and responsibilities of majority creates the safeguards necessary to prevent all minors from becoming emancipated without the self-sufficiency required. Therefore this bill is in keeping with the CAPTA requirements for the protection of children.

Kinship Foster Care (HB 2220, A.R.S. §§ 8-514.03 and 8-514.04): The Kinship Foster Care bill permanently established the pilot kinship care program in the Arizona Department of Economic Security (ADES) which requires that ADES provide services for those caring for minor relatives. The bill continues to require ADES to establish kinship foster care services for children who have been removed from their homes and are in ADES custody. This bill which basically reauthorized these two kinship care programs supports the preference for relative placement and does not affect CAPTA eligibility.

The 2005 session legislation in Arizona did not include any significant changes in the child welfare area. The changes that did occur did not impact CAPTA eligibility.

Please feel free to contact me if you have any questions or would like to discuss the 2005 legislation.

Sincerely,

Gaylene Morgan
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